

## Military Affiliate Agreement

I attest that as a contract employee of the United States Army and having been assigned to the Army Reserve Officers' Training Corps Unit at the University of North Georgia that I agree to familiarize myself with, and abide by, the University's rules and policies regarding conduct, confidentiality, safety and welfare. The links are as follows:

Student Code of Conduct Policy <a href="https://ung.edu/student-integrity/conduct-policies/student-code-of-conduct-policy.php">https://ung.edu/student-integrity/conduct-policies/student-code-of-conduct-policy.php</a>

Student Code of Conduct Procedures for Alleged Behavioral Misconduct <a href="https://ung.edu/student-integrity/conduct-policies/procedures-for-alleged-behavioral-misconduct.php">https://ung.edu/student-integrity/conduct-policies/procedures-for-alleged-behavioral-misconduct.php</a>

Student Code of Conduct Procedures for Alleged Violations of Academic Misconduct and Professional Standards

 $\frac{https://ung.edu/student-integrity/conduct-policies/procedures-for-alleged-violations-misconduct-standards.php$ 

UNG Title IX Policies and Procedures <a href="https://ung.edu/title-ix/ung-policies-and-procedures.php">https://ung.edu/title-ix/ung-policies-and-procedures.php</a>

UNG Use of State Property, Confidentiality, & Drug-Free Campus Statements <a href="https://ung.edu/human-resources/employees/ung-statements.php">https://ung.edu/human-resources/employees/ung-statements.php</a>

I understand that as a Military Affiliate I am **not covered** by the University's workers' compensation insurance for injuries or illness resulting from my activities. Should an injury occur, I should notify the University's Director of Risk Management & Compliance immediately, as well as the Military Science Department Executive Officer so that a workers compensation claim can be filed in accordance with the United States Army guidelines.

I understand that the University **will no**t provide me with accident or medical insurance, and is not responsible for any accident or medical expenses that I incur in the course of my activities as a Military Affiliate. The University strongly encourages me to obtain my own medical insurance before participating in this program.

As a Military Affiliate, I will be considered an employee solely for the purpose of O.C.G.A 50-21-20 et seq (Georgia Tort Claims Act) as long as I act within the scope of my assigned duties.

As a Military Affiliate, I agree to assume all risk associated therewith. I do release, waive, discharge, and covenant not to sue the University of North Georgia and the Board of Regents of the University System of Georgia, their members, individually and their officers, directors, agents, trustees, board members,

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employees, representatives, successors, and assigns, individually and in any capacity (collectively, the "University") from all liability, loss, damage, costs, expenses, or claims resulting from or in connection with my Military Affiliate status or duties. Including personal injury, death, or damage to property arising out of my activities. I also agree to indemnify and hold the University of North Georgia and the Board of Regents of the University System of Georgia harmless from all claims, demands, causes of action, actions, judgements or other liability including reasonable attorneys' fees arising out of, resulting from or in connection with my activities or duties.

Legal Name:	 	 	
Signature:	 	 	
Date:	 	 	

UNG is committed to ensuring that this form is accessible to everyone. If you have any questions or suggestions regarding the accessibility of this form, please contact Michael McLeod – 678-717-2232

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