

Annual Authorization & Release Form 2020-2021

Student: _____ School: _____ SS#: _____

Participation & Field Trip Liability Waiver

As the parent and/or legal guardian of the student listed above, I authorize and permit my child to participate in any and all academic year component activities (classes, tutorials, workshops, field trips, work study internship, meetings and events, etc.) sponsored and/or conducted by the Upward Bound (UB) Project of University of North Georgia. I also give permission for my child to be transported between his/her high school, the University of North Georgia, and the scheduled events when the UB Project has scheduled events for its participants. I acknowledge the nature of such activities or trips may expose my child to hazards or risks that may result in his or her illness, personal injury or death, and I understand the nature of such hazards and risks.

In consideration of my child being permitted to participate in the activity or trip, I hereby accept all risk to his/her health and of his/her injury or death that may result from such participation, and I hereby release the University of North Georgia, its governing board, officers, employees and representatives from any and all liability to my child, his/her personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss or damage to my child's property and for any and all illness or injury to his/her person, including his/her death, that may result from or occur during his/her participation in the activity or trip, whether caused by negligence of the University of North Georgia, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless University of North Georgia, its governing board, officers, employees, and representatives from liability for the injury or death of any person (s) and damage to property that may result from my child's negligent or intentional act or omission while participating in a Project activity or event.

I have carefully read this agreement and understand it to be a release of all claims and causes of action for my child's injury or death or damage to his/her property that occurs while participating in UB Project activities or trips and it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my child's negligent or intentional act or omission.

Parent/Legal Guardian's Signature: _____ Date: _____

Media Publication Release Authorization

I hereby grant the UB Project of the University of North Georgia full and absolute permission and all rights to copyright, publish, display, and use for any legal purpose or all photographs, together with descriptive text or statements, in which I or my property or my child appear.

Parent/Legal Guardian's Signature: _____ Date: _____

Release of School Records

As the parent and/or legal guardian of the student listed above, I grant the Upward Bound Project of the University of North Georgia permission to obtain copies of my child's academic grade reports, transcripts, and/or standardized test scores from the school to assist my son/daughter in achieving his/her educational goals. I also

grant the UB staff my permission to speak with teachers, counselors and other school administrators at my child's school in order to obtain and exchange information as part of the services provided by the UB Project.

Parent/Legal Guardian's Signature: _____ Date: _____

Internet Use Release

I hereby grant permission for my child to access networked computer services such as Internet, World Wide Web and electronic mail at the computer labs of the University of North Georgia.

Parent/Legal Guardian's Signature: _____ Date: _____

Medical Information and Medical Consent

Is the student covered by any medical insurance? ___ Yes ___ No If Yes, please complete the following:

Name of Insurance Company _____ Insurance Policy Number _____
Name of Family Physician: _____ Office Telephone: (_____) _____

Please list any personal or family medical history that may be of importance to our records, including allergies and physician prescribed medicine that student is currently taking:

List Medication/Medical History	Allergies	Allergic Reaction

As the parent/guardian of the above named student, I hereby authorize the Project Director and his/her authorized staff to furnish medical diagnostic and/or authorize the medical and/or surgical treatment of my child as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the child. The University of North Georgia, and its officers, regents, and employees shall not be liable in any way for any consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise out of such diagnosis, treatment or surgery to the extent allowed by law, except as provided for through the group medical insurance plan if the student contracted for the same prior diagnosis, treatment or surgery. Furthermore, the University does not assume any financial or other responsibility, but wishes to provide the best services possible in case of emergency.

In case of sudden illness or accident, I consent to emergency treatment by the professional medical/nursing staff of the Student Health Services to my child. In case of serious illness/accident I will be notified immediately, but if I cannot be reached, necessary interim emergency care may be provided by the Student Health Services Professional Medical/Nursing staff or by a physician/nurse designated by them.

Parent/Legal Guardian's Signature: _____ Date: _____

Best Phone # to call in case of emergency: _____

If you need this document in an alternate format for accessibility purposes (e.g. Braille, large print, audio, etc.), please contact N. Latrice Richardson at nrichardson@ung.edu or (678) 717-3409.

RELEASE AND INDEMNIFICATION AGREEMENT

PARTICIPANT: (name and address)

INSTITUTION:

University of North Georgia
82 College Circle
Dahlonega, GA 30597
(678) 717 3409

DESCRIPTION OF ACTIVITY OR TRIP (including transportation to and from):

LOCATION: _____

DATE(s): _____

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and am fully competent to sign this Agreement.

I give permission for Participant to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release the above named Institution, its governing board, officers, employees and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity or Trip, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death or any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Parent/Guardian

Signature of Witness

Address (if different than Participant's)

Signed

Date Signed

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UPWARD BOUND
2020-2021

ACADEMIC YEAR CONTRACT

Upon acceptance into the Upward Bound Program, the student must sign and comply with the following annual contract in order to remain in the program and earn a monthly stipend.

STUDENT: As a participant in the Upward Bound Program, I agree to the following:

1. I understand that **my attendance is mandatory for ALL** Upward Bound scheduled programming, activities, workshops, field trips, and individual meetings.
2. I understand that **my parent must directly contact the Director or Counselor** if I will be absent or late to any UB programming or activities.
3. To have a positive attitude and behave in a respectful manner that is neither disruptive nor rude during all programming, activities, workshops, field trips and individual meetings.
4. I will actively visit or contact my UB Counselor at least once per week during the academic year.
5. **To provide my UB Counselor a copy of all nine weeks and semester grade reports.**
6. **I will attend all assigned and required tutoring sessions.**
7. I will turn in all tutoring and homework assignments and actively participate in all UB classes and workshops.
8. I will seek help from my UB Director or Counselor with any academic problems if needed.
9. I will accomplish goals that I have set with the help of my UB Director and Counselor.
10. I will enroll in a postsecondary institution (college/university/technical school) upon high school graduation.
11. I will follow all UB policies and procedures currently stated in the UB Program Student/Parent Academic Component Handbook.

I understand that being part of the Upward Bound Program is a **PRIVILEGE** & understand and agree to accept the duties and responsibilities outlined above. I understand that **FAILURE to ADHERE** to any of the above mentioned conditions may result in being placed on probation or possible removal from the Upward Bound Program.

PARENT: As the Parent of a Participant in the Upward Bound Program, I agree to the following:

1. I understand that my child's attendance **is mandatory for ALL** Upward Bound scheduled programming, activities, workshops, field trips and individual meetings.
2. I understand that I must **directly contact the Director or Counselor** if my child will be late to any UB programming or activities.
3. I understand that my child must graduate from high school and enroll in a postsecondary institution immediately upon completion of high school.
4. **I understand that my child must attend all assigned and required tutoring.**
5. I will attend **all** Parent Orientations and Seminars sponsored by UB as scheduled.
6. I will take an active part in my child's education, supervising study and helping if needed.
7. I will follow **all** UB policies and procedures currently stated in the UB Student/Parent Academic Component Handbook.

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