

## Annual Authorization & Release Form 2022-2023

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, etc. (hereinafter, "Event(s)") sponsored and/or conducted by the Educational talent Search (hereinafter "ETS") of the Board of Regents of the University System of Georgia by and on behalf of the University of North Georgia (hereinafter "University"). I also give permission for my child to be transported between his/her high school, the University, and the scheduled Event(s) when the ETS Project has scheduled Event(s) for its participants. I acknowledge the nature of such Event(s) 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. I further understand that some drivers of the vehicles in which my child may ride while attending these Event(s), the owners, employees, officers or agents offering these Event(s), enterprise or vendors of which I take part or participate during these Event(s), the staff or employees of any site I visit, the other participants attending these Event(s) (whether associated with my group or not), and other third parties (collectively, "Third Parties), are not the agents or employees of the University and that dangers may be caused by the negligent or intentional act(s) or omissions of such Third Parties. I understand that the University is not responsible for any injuries or property damage that may be caused by the acts or omissions of such Third Parties.

The parent and/or legal guarding acknowledges that participation in certain Event(s) involves an inherent risk of property damage and/or bodily or personal injury, including death, and assumes all risks. The parent and/or legal guardian hereby agrees that for the sole consideration of the University allowing the undersigned to participate in these Event(s) for which or in connection with which University has made available any travel arrangements, facilities, equipment, grounds, or personnel for certain Event(s) or to the undersigned while participating in any such Event(s), the undersigned does hereby release and forever discharge the University and the Board of Regents of the University System of Georgia, their members individually, and its officers/agents and employees of any and from all claims, demands, rights, and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from any participation in any way connected with such Event(s).

This Agreement shall be governed by and construed under the laws of the State of Georgia. Notwithstanding any other agreement that I have signed related to these Event(s) that purports to establish the venue for any litigation arising from this event. I further covenant and agree that for the consideration stated above, I will not sue the University, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of any voluntary participation in above said activities. I understand that the acceptance of this release and covenant not to sue the Institution or the Board of Regents of the University System of Georgia shall not constitute a waiver in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees.

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

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](mailto:nrichardson@ung.edu) or (678) 717-3409.

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 ETS Project Event(s) 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:** \_\_\_\_\_

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**Media Publication Release Authorization**

I hereby grant the ETS 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:** \_\_\_\_\_

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**Release of School Records**

As the parent and/or legal guardian of the student listed above, I grant the Educational Talent Search 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 ETS 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 ETS Project.

**Parent/Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**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:** \_\_\_\_\_

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**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 and the Board of Regents of the University System of Georgia, their members individually, and its officers/agents 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.**

**By initialing below, I am willingly allowing my child to participate in University's related Event(s) with the understanding that I am responsible for all expenses incurred if it is necessary for the Trip Leaders, Vehicle Drivers, and/or Instructors to seek medical, rescue, or evacuation services for me. The Board of Regents of the University System of Georgia does not provide insurance coverage for participants in recreational activities; each participant should carry his/her own accident and health coverage.**

**Parent/Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Best Phone # to call in case of emergency:** \_\_\_\_\_

**Educational Talent Search  
2021-2022  
ACADEMIC YEAR CONTRACT**

**Upon acceptance into the Educational Talent Search Program, the student must sign and comply with the following annual contract in order to remain in the program.**

**STUDENT: As a participant in the Educational Talent Search Program, I agree to the following:**

1. I understand that **my attendance is mandatory for most** Educational Talent Search scheduled programming, activities, workshops, field trips, and individual meetings and turn in all ETS assignments/evaluations as requested.
2. I understand that **my parent must directly contact the Director or Advisor** if I will be absent or late to any ETS 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. **To provide my ETS Advisor a copy of semester grade reports and attend tutoring sessions as assigned.**
5. **I will enroll in a postsecondary institution (college/university/technical school) upon high school graduation.**
6. I will follow all ETS policies and procedures currently stated in the ETS Program Student/Parent Academic Component Handbook.
7. I understand that exposure to COVID-19 is a potential risk in this voluntary activity. To mitigate this risk, I understand that I am responsible for adhering to CDC guidelines, including social distancing and appropriate use of personal protective equipment, including face coverings. Refer to the following link for the latest protocols: <https://ung.edu/together/campus-guidelines/health-safety-practices-for-all.php>

I understand that being part of Educational Talent Search Program is a **PRIVILEGE** and accept the ETS participation requirements. 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 Educational Talent Search Program.

\_\_\_\_\_  
**Print Student Name**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**PARENT: As the Parent of a Participant in the Educational Talent Search Program, I agree to the following:**

1. I understand that my child's attendance **is mandatory for most** Educational Talent Search scheduled programming, activities, workshops, field trips and individual meetings. I agree to contact the Director or Counselor if my child will be late/absent to any ETS sponsored activities.
2. I understand that my child **must graduate from high school and enroll in a postsecondary institution immediately** upon completion of high school. I will support ETS's pursuit of program objectives outlined in the student/parent handbook.
3. I will attend **all** Parent Orientations and Seminars sponsored by ETS as scheduled.
4. I understand that exposure to COVID-19 is a potential risk in this voluntary activity. To mitigate this risk, I understand that my child will be responsible for adhering to CDC guidelines, including social distancing and appropriate use of personal protective equipment, including face coverings. Refer to the following link for the latest protocols: <https://ung.edu/together/campus-guidelines/health-safety-practices-for-all.php>

\_\_\_\_\_  
**Print Parent/Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**