



"UNIVERSITY OF GEORGIA & UGA" OJZAFUD3WENRCDP64Z
Department Executive Officer so that a workers compen
United States Army guidelines.

I understand that the University t provide me with
responsible for any accident or medical expenses that I i
Affiliate. The University strongly encourages me to obtain
participating in this program.

As a Military Affiliate, I will be considered an employee s
(Georgia Tort Claims Act) as long as I act within the scop

As a Military Affiliate, I agree to assume all risk associate
covenant not to sue the University of North Georgia and
of Georgia, their members, individually and their officers

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