



University's Director of Risk Management & Compliance immediately, as well as the Department Executive Officer so that a workers compensation claim can be processed in accordance with United States Army guidelines.

I understand that the University will not provide me with accident or medical coverage and I am responsible for any accident or medical expenses that I incur in the course of my duties as a Military Affiliate. The University strongly encourages me to obtain my own medical insurance while participating in this program.

As a Military Affiliate, I will be considered an employee solely for the purpose of the Georgia Tort Claims Act (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 not have a covenant not to sue the University of North Georgia and the Board of Regents of Georgia, their members, individually and their officers, directors, agents,

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