



## **CONSENT FOR TRAVEL**

Advanced Academy of Georgia University of West Georgia

I/We, \_\_\_\_\_, hereby give my/our consent to allow my/our minor student, \_\_\_\_\_, to go on University sponsored supervised trips away from the campus during the 2009-2010 school year. It is my/our understanding that appropriate plans have been made, including arrangements for supervision of the students during trips.

I/We will not hold the University, its agents or assigns, or the supervisors, responsible for any actions arising out of my/our student's participation on any trip or activity. Students will be held to the same University of West Georgia and Advanced Academy of Georgia rules and regulations and disciplinary sanctions on any trip or activity as would apply to a campus activity. The University or Academy may, at its discretion, impose any additional conditions for participation it deems appropriate.

Signature (s): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_



## STUDENT'S PERSONAL INFORMATION

Advanced Academy of Georgia University of West Georgia

Student SS: \_\_\_\_\_ Birthdate: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Previous Schools: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

Mother's E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_

Father's E-mail: \_\_\_\_\_

Emergency contact (outside the home): \_\_\_\_\_

Emergency Home Phone: \_\_\_\_\_

Emergency Work Phone: \_\_\_\_\_

Emergency Cell Phone: \_\_\_\_\_

Please understand that if your student can not be located at curfew the Resident Assistant will need to call sometime between 11:30 pm – 12:30 pm.



## **STUDENT AGREEMENT FORM**

**Advanced Academy of Georgia University of West Georgia**

Being a student in the Advanced Academy of Georgia carries with it certain expectations and responsibilities. These expectations and responsibilities must be met to ensure the most effective operation of the Academy and to provide the most beneficial experience for all involved.

As a member of the Advanced Academy of Georgia, you agree to:

- Abide by all Academy and University policies and procedures as long as you are a member of the Advanced Academy of Georgia;
- Attend all classes and participate in Academy programs that serve to promote your academic success, as needed; and
- Participate in all Academy programs and activities, including but not limited to the annual Board of Trustees meeting, Thursday night dinners, and the Academy Awards Ceremony that honors our graduating seniors.
- I understand that if I am entering the Academy as a high school junior, readmission for the following year is not automatic. The following will be considered as you are evaluated after the first year in the Academy: academic performance, residence discipline record, and participation in Academy activities, including community service and Thursday night dinners. Should you fail to meet any of the above expectations and responsibilities, your continued participation in the Advanced Academy of Georgia at the State University of West Georgia may be reviewed, and your parent or guardian may be contacted.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# STATEMENT OF HEALTH, PERMISSION TO TREAT, & PARENTAL STATEMENT OF FINANCIAL RESPONSIBILITY

Advanced Academy of Georgia \* University of West Georgia

## Item I

I, the Parent/Guardian, do assume the responsibility for the participant being in good health and duly able to participate in any and all activities unless stated specifically.

Name of Participant \_\_\_\_\_ SSN \_\_\_\_\_

Printed name of Parent/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

In case of emergency call \_\_\_\_\_

## Physician Information:

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

## Special Medical Problem(s) and Activity Exclusions:

Participant's special health need or chronic health condition \_\_\_\_\_

Participant has had this condition since \_\_\_\_\_

Medications (please list medications, dosages, and times taken) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Side effects participant may experience from his/her medication \_\_\_\_\_

\_\_\_\_\_

Is there any activity in which student may not participate due to an existing medical condition? \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Contract Number \_\_\_\_\_ Group Number \_\_\_\_\_

**Item II**

I, the Parent/Guardian, authorize a representative of the Advanced Academy to take my child for medical treatment to Student Health Services at the University of West Georgia, private physician, Tanner Medical Center, or the nearest medical facility, including when on an out-of-town field trip, while enrolled in the Advanced Academy of Georgia at the University of West Georgia.

**Item III**

I, the Parent/Guardian, do assume responsibility for all fees and charges arising from emergencies or medical care.

**CAUTION: READ BEFORE SIGNING**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Student if Over 18)

Or

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Parent/Guardian if Student is Less Than 18)

Sword before me this \_\_\_\_\_ day of \_\_\_\_\_, 2009

Notary: \_\_\_\_\_

**UNIVERSITY OF WEST GEORGIA (UWG)**  
**RELEASE, WAIVER OF LIABILITY & COVENANT NOT TO SUE**  
**(TO BE SIGNED BY PARENT(S) OR GUARDIAN(S) IF THE**  
**PARTICIPANT IS UNDER 18 YEARS OF AGE)**

**UNIVERSITY OF WEST GEORGIA RECREATIONAL ACTIVITIES**

Acknowledgment and Assumption of Risk

The University of West Georgia (UWG) offers recreational opportunities encompassing different activities.

While due diligence will be exercised by the University to ensure the safety of the participants, the undersigned parents and/or legal guardians do hereby acknowledge that they are aware that the activity specified above may involve risks of injury, illness, or loss of personal property to the participant and that the participant assumes all such risks.

The undersigned parent(s) and/or legal guardians do hereby acknowledge that they are aware that participation in the above activity may include other activities and risks incidental thereto including, but not limited to, travel to and from the site of the activity, participation at sites that may be remote from available medical assistance, and exposure to the possible reckless conduct of other participants beyond the control of UWG.

Nevertheless, **the undersigned parents and/or legal guardians acknowledge that the participant voluntarily elects to participate in this activity with knowledge of the danger involved, and hereby agrees to accept and assume any and all risks of property damage, personal injury, or death.** I understand that the acceptance of this Release and Waiver of Liability and Covenant Not to Sue by the Board of Regents of the University System of Georgia and the University of West Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents and employees.

I further authorize the supervising program director or his/her designee to obtain and provide medical treatment or services that, in the sole discretion of the program director or his designee, is determined to be needed for my child's benefit, and that the responsibility for the payment thereof shall be my sole responsibility.

**Waiver of Liability and Indemnification:**

In consideration for my child being allowed to voluntarily participate in the above referenced activity, on behalf of the participant, the participant's personal representatives, heirs, next of kin, successors and assigns, the undersigned parent and/or legal guardian forever:

a. **waive, release, and discharge the University of West Georgia** and the Board of Regents of the University System of Georgia, its members individually, its agencies, officers, and employees from any and all negligence and liability for the participant's death, disability, personal injury, property damages, property theft or claims of any nature

**UNIVERSITY OF WEST GEORGIA (UWG)  
RELEASE, WAIVER OF LIABILITY &  
COVENANT NOT TO SUE (continued)**

which may hereafter accrue to the participant, and the participant's estate as a direct or indirect result of participation in the above referenced activity or event; and

**b. indemnify, waive, release, and discharge the University of West Georgia** and the Board of Regents of the University System of Georgia, its members individually, its agencies, officers, and employees from any and all negligence and liability for the participant's death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to the participant, and the participant's estate as a direct or indirect result of participation in the above referenced activity; and

**c. indemnify, save, and hold harmless the University of West Georgia** and the Board of Regents of the University System of Georgia, its members individually, its agencies, officers, and employees of, from and against any and all claims of any nature including all costs, expenses, and fees arising out of or resulting from the participant's actions during this activity.

\* I, the undersigned parent and/or legal guardian, affirm that I am freely signing this agreement. **I have read this form and fully understand that by signing this form I am giving up legal rights** and/or remedies which may otherwise be available to the minor participant regarding any losses the participant may sustain as a result of participation in the activity. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

**CAUTION: READ BEFORE SIGNING**

Name of Minor: \_\_\_\_\_ Age of Minor: \_\_\_\_\_

Signature of Parent/Guardian: \* \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_



## WEEKEND TRAVEL PERMISSION FORM

Advanced Academy of Georgia - University of West Georgia

Students in the Advanced Academy of Georgia are required to be in Gunn Hall by curfew on Sunday through Thursday nights. On the weekends, students may travel from the University and the Carrollton area provided that they have written parental permission. Parents may choose one of two options regarding weekend travel from the University and the Carrollton area:

1. Parents may choose to require that their son or daughter remains on campus or in the Carrollton area on the weekend unless written parental permission is received twenty-four hours in advance of each of the student's weekend departures. Students whose parents choose this option may still leave campus but must return to Gunn Hall by curfew. If students leave campus, they must sign-in/sign-out as usual.
2. Parents may choose to give permission for their son or daughter to leave on any weekend he or she desires. (This alleviates the need to send written authorization every weekend.) Students whose parents choose this option may leave the University and Carrollton areas for overnight travel. Students leaving for the weekend must indicate on their sign-in/sign-out card that they are signing out for the weekend. Students who sign out for the weekend must leave the Carrollton area (except for Carrollton/Carroll County residents). If their plans change and they remain in or return to Carrollton, students should return to Gunn Hall and sign in by curfew.

Regardless of the option chosen, permission to leave campus does not nullify the Advanced Academy's regulation regarding visitation in on and off campus student housing. Students may visit the family home of other Academy students whose families live in the Carrollton area, but they may not visit in on or off campus student housing

Please choose one of the following:

\_\_\_\_\_ My son/daughter may travel away from the University and Carrollton areas on weekends only with specific written permission from a parent or guardian. (Please use the Parental Request for Overnight Absence from Campus and Curfew Extension form.)

\_\_\_\_\_ My son/daughter may travel away from the University and Carrollton areas any weekend he or she desires.

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

\_\_\_\_\_  
Date

**Failure to abide by this policy may result in disciplinary action.**



# Gunn Hall Interest Survey

Name: \_\_\_\_\_

**Please circle the programs and areas you might be interested in:**

- Art Gallery Visit
- Arts and Crafts
- Barbecue
- Baseball Game
- Basketball Game
- Bike and Auto Care
- Bowling
- Canoeing
- Card Tournament
- Coffee House
- Community Service
- College Visits
- Dance Lessons
- Dances
- Debates
- Ecology
- Exercise Programs
- Faculty Speakers
- Football
- Eating Disorders
- Theatre Presentations
- Making Movies
- Time Management
- Volleyball
- Frisbee Golf
- Ultimate Frisbee
- Other \_\_\_\_\_
- Foreign Study/Travel
- Golf
- Hair Styling
- Handwriting Analysis
- Horseback Riding
- Houseplant Care
- Career Exploration
- Study Skills
- International Foods

- Income Tax Preparation
- Running
- Kite Flying
- Leadership Workshops
- Magic Show
- Faculty Dinners
- Photography
- Ping Pong
- Pool
- Interviewing Skills
- Roller Skating
- Sewing and Mending
- Shopping
- Sign Language
- Sports Trips
- Cooking Classes
- Laundry
- \_\_\_\_\_
- Suicide Intervention
- Depression
- Insurance
- Talent Show
- Singing Ensemble
- Musical Performance
- Nutrition
- Peace Corps
- Voter Registration
- Poetry Group
- Religious Panel
- Resume Writing
- Science Fair
- Values
- Weaving
- Yoga
- Tai-Bo
- Sleep Disorders
- Intramural Softball
- Intramural Ultimate Frisbee
- Intramural Paintball
- Flag Football

- Intramural Basketball
- Tutoring Children
- Visiting Senior Citizens

**Other Opportunities:  
(please check all areas of interest)**

- \_\_\_\_\_ Residence Hall Council
- \_\_\_\_\_ Yearbook Staff
- \_\_\_\_\_ Newsletter Staff
- \_\_\_\_\_ Academy Host (help recruit, lead tours, and represent the Academy)
- \_\_\_\_\_ Judicial Board
- \_\_\_\_\_ Community Service Coordinators
- \_\_\_\_\_ Tutoring Students
- \_\_\_\_\_ Quiz Bowl
- \_\_\_\_\_ Debate Team
- \_\_\_\_\_ other areas

*Federal regulations (34C.F.R. 99.5; 99.3 (1)(a)(8)) prohibit the release of educational records to the parents/legal guardians of students currently enrolled or formerly enrolled in postsecondary educational institutions without the written consent of the student or without proof submitted by the legally custodial parent/guardian that the student is a dependent for federal income tax purposes. In order to comply with these regulations, UWG requires a notarized consent executed by the student that states that his/her parent(s) or legal guardian(s) may receive copies of reports or verbal communications regarding the student's educational records and that instructors and/or advisors may communicate with designated third parties. In this case, "designated third parties" refers to the staff of the Advanced Academy of Georgia.*

## CONSENT

To Whom It May Concern:

By this Consent Form I hereby authorize each of my instructors and advisors to respond to my below named parent(s) or legal guardian(s) and designated third parties regarding inquiries about my progress at UWG. Such inquiries may include a synopsis of my progress in class and any issues or concerns with attendance, deportment in class, class participation, completing assignments, or disciplinary matters, either in class or elsewhere. This consent is valid throughout my enrollment in the Advanced Academy.

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Name of Parent/Legal Guardian

Advanced Academy Staff  
"Designated Third Parties"

\_\_\_\_\_  
Student Name (Printed)

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

Sworn before me this \_\_\_\_ day of \_\_\_\_\_, 2009.

\_\_\_\_\_  
Notary





## **University of West Georgia Honor Pledge**

Having read the Honor Code for UWG, I understand and accept my responsibility to uphold the values and beliefs described and to conduct myself in a manner that will reflect the values of the institution in such a way as to respect the rights of all UWG community members.

As a West Georgia student, I will represent myself truthfully and complete all academic assignments honestly.

I understand that if I violate this code, I will accept the penalties imposed, should I be found guilty of violations through processes due me as a University community member. These penalties may include expulsion from the University.

I also recognize that my responsibility includes willingness to confront members of the University community if I feel there has been a violation of the Honor Code.

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Student's Printed Name

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Student's Signature

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Date



**UWG Model/Photo Release**

I hereby grant the University of West Georgia the following irrevocable rights:

1. The right to use my name, photograph, picture, portrait and likeness (hereinafter collectively known as "image") in connection with its educational and promotional materials or for any other legitimate purpose;
2. The right to create composite or computer-manipulated materials from my image;
3. The right to use, reproduce, publish, exhibit, distribute and transmit my image individually or in conjunction with other images or printed matter in any and all media, including, but not limited to, print material, television, film, internet and CDROM;
4. The right to copyright my image; and
5. The right to assign the above rights to third parties.

I hereby waive the right to inspect or approve my image or any finished materials that incorporates my image. I understand and agree that my image will become part of the University of West Georgia's photograph file and that it may be distributed to other organizations or individuals for use in the publications. I also understand that I will receive no compensation in connection with the use of my image.

I hereby release and forever discharge the University of West Georgia, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have caused by or arising from the use of my image, including all claims for libel and invasion of privacy.

I certify that I am at least 18 years of age and that I have read and understood the above. **If under 18, this form is to be signed by a parent.**

Student's Name: \_\_\_\_\_

Student's Signature (if over 18): \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_