FULL NAME OF FACULTY: __________________________________________

SCHOOL: ________________________________________________________

COURSE NUMBER AND TITLE: _______________________________________

ACADEMIC SEMESTER/YEAR: _________________________________________

I, ______________________, the above-mentioned faculty member, hereby apply to the Georgia Christian University to conduct __________________ at the designated off-campus location as follows:

DATE OF OFF-CAMPUS LECTURE: ________________________________

HOURS: _________________________________________________________

LOCATION: ______________________________________________________

In consideration of the acceptance of my participation in the above captioned program, I hereby waive, release and discharge any and all claims against the Georgia Christian University as a result of my off-campus lecturing at the above location for damages for death, personal injury or property damage which participating students may have, or which may occur to them.

In addition, I give permission for participating students to receive, if necessary, emergency medical services by authorized personnel and that any cost incurred as a result of such medical emergency will be solely my responsibility.

APPLICANT’S SIGNATURE: __________________________  DATE: ______________

DEAN OF THE SCHOOL: _____________________________________________

SIGNATURE: __________________________  DATE: ______________

DIRECTOR OF ACADEMIC AFFAIRS: _________________________________

SIGNATURE: __________________________  DATE: ______________

REMARK: