



FORM G - Assumption of Risk and Liability Release

After reviewing this form, please fill out all information and place your signature where required, authorizing your participation in the _____ program at/through Georgia Central University Inc.

PLEASE **PRINT**

Student's Name: _____

Address: _____

City/State: _____ Zip Code _____

Home Phone: _____ Mobile Phone(s): _____

I, _____, assume the risks of personal injury and/or property damage in participating in the Program of _____ ("Program") at Georgia Central University Inc. ("GCU"). I understand that any violation of campus rules may result in termination of my attendance in the program and/or judicial charges.

I hereby release any and all rights for claims and damages I may have against GCU now and in the future, its trustees, officers, employees and agents, facilities including faculty, staff members and supervisors, in any manner due to any personal injury or property loss sustained while enrolled or attending Georgia Central University; this includes travel to and from Program's destination(s) and all campuses and/or my participation in the activities associated with Georgia Central University Inc., including any activities I may engage in during my free time while participating in GCU Programs. I will not hold GCU responsible for liability for injury or damages arising from the result of my participation and attendance at Georgia Central University, unless it is due to willful or intentional misconduct or negligence on the part of GCU.



GEORGIA CENTRAL UNIVERSITY

I acknowledge that Georgia Central University does not offer the opportunity to purchase health coverage from a Health Cooperative or any other Health Coverage Options Policies. for myself or my dependents through my enrollment at Georgia Central University.

Please read and initial the options below indicating your current insurance status and preferences:

_____ Student medical insurance coverage information (international students see below)

Insurance company name _____: Policy no. _____

_____ I hereby give permission for the staff members coordinating my admission to authorize emergency medical care on my behalf, if necessary, while enrolled at Georgia Central University.

_____ I do not wish to enroll myself in any type of medical coverage at this time. I do not wish to enroll my spouse or child(ren) in any type of medical coverage at this time.

_____ I am fully qualified to meet the physical and technical requirements necessary to participate in any programs or activities at Georgia Central University. I am at least 18 years old and I enter this agreement voluntarily.

FOR INTERNATIONAL STUDENTS

I understand that I must provide proof of health, medical, and/or accident insurance to the Office of Admissions as part of my application to GCU. I understand that, while GCU may provide clerical assistance to students in obtaining insurance, this assistance is only insofar as helping with completion of forms, etc., and that GCU cannot and does not accept responsibility for student insurance, copayments, premium payment or rates, or any other part of students' insurance policies.

Student Signature: _____ Date: _____

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Signature of Parent/Guardian if participant is not at least 18 years old:

Signature: _____ Date: _____

Parent's Name(s): _____

Parent's Contact Number(s): _____

Parent's Address: _____

NOTE: If you currently have a condition (i.e. medical, disability or other issues) that will require accommodation in order to attend Georgia Central University, please contact the Office of Admissions who is(are) handling your admissions process. Some elements may be out of the control of GCU and therefore, alternative options must be discussed with the faculty/staff members.