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## OFF-CAMPUS LECTURE APPLICATION

Full Name of Faculty: \_\_\_\_\_

School: \_\_\_\_\_

Course Number and Title: \_\_\_\_\_

Academic Semester/Year: \_\_\_\_\_

I, \_\_\_\_\_, the above-mentioned faculty member, hereby ask permission from Georgia Christina 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 all claims against the Georgia Central 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: