



THE GEORGIA ACADEMY RELEASE FORM

Full Legal Name of Student: _____

I, as parent or legal guardian of above named student, acknowledge that said student is a member/participant in activities of the Georgia Academy of Arts, Mathematics, Engineering, and Sciences (hereafter referred to as the Academy). I understand that all precautions will be taken to ensure the safety and health of named student. In signing this I acknowledge that I will not make the Academy, the institution, the Board of Regents, its chaperones, or its drivers responsible in the event of an accident.

I recognize that there are risks and hazards directly or inherently involved, making these dangerous activities with the potential to cause loss of limb or life. With full knowledge of the facts and circumstances surrounding these activities, I give permission for the named student to undertake these activities and assume all responsibility of loss of limb or life, property damage, injury to others, and other hazards to named student.

Activities are varied and therefore carry a wide variety of risks. These include but are not limited to: physical injuries and trauma, sickness, and death. The University takes reasonable steps to ensure the safety of our students but cannot eliminate all risks associated with the activities, trips, and educational programs provided as part of our students' experience. Therefore parents and students must assume these associated risks.

I assure the institution and the Academy that there are no health-related reasons or problems that preclude or restrict the named student's participation in these activities. I understand it is my and the named student's responsibility to evaluate the condition of named student's health in relation to the demands of these activities. If uncertain, I or the named student will consult with a family physician or the University Physician. Further, I understand that the institution and the Academy do not provide health insurance for activity participants and that I am responsible for obtaining adequate insurance for the eventuality of any injury or illness to the named student as a result of the activities.

I further understand that if the named student drives any vehicle during these activities and/or travel to and from the activities, I will be personally responsible and liable for all damages and injuries arising therefrom.

To the extent permitted by law, I release the Institution and the Academy from any liability whatsoever arising out of the named student's participation in these activities, including but not limited to, any damage to named student's property or the property of others and injury to named student or to others, including loss of limb or life, resulting from named student's negligence of others, or to others through named student's participation in these activities.

I understand that the acceptance of this Document by the Board of Regents of the University System of Georgia and its Institution shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents, and employees.

The foregoing is submitted in consideration of the Institution and the Academy allowing named student's participation in these activities. I execute this document with full knowledge of the contents and consequences stated in the Release.

I hereby certify that I am suffering under no legal disabilities and that I have read carefully and understand the above Release, Waiver of Liability and Covenant Not to Sue before signing.

PARENT/GUARDIAN

WITNESS:

Name _____

Name _____ I am 18 years of age or older

Signature _____

Signature _____

Date _____

Date _____

Acknowledgement of the GA Academy Rules and Responsibilities and the GA Academy Student Handbook

Rules

The Academy students are subject to a number of rules and regulations. Many of these rules are more restrictive than those governing our regular MGA students because Academy students are minors. Rules are subject to modification during the school year.

Priorities

Please examine your reasons for seeking admission to this program. The desire to accelerate your education in a more challenging environment should be the top priority, as demonstrated by the students who have enjoyed success in this program. Development of interpersonal skills should also be a major consideration; you are living away from home with other students, perhaps for the first time, and the ability to get along with others is critical. Social aspects are important but should be of lesser concern than the preceding two priorities.

Consequences

While this program is designed to enhance your educational progress, failure to abide by the rules or adhere to policies can result in undesirable consequences. These might range from simple disciplinary actions up to expulsion from the program, possibly delaying graduation from high school and university.

While most students perform well academically, problems arise when students

- ✓ choose to interact with their peers instead of taking the time to study.
- ✓ elect to begin their homework only after they are required to be in their room at curfew.
- ✓ elect to stay up all night to either work on a class project postponed to the last minute, or socialize.
- ✓ elect to spend time playing games instead of studying.

These problems are very serious and can cause a student's GPA to plummet. See the Academy Student Handbook - Academic Probation for information regarding poor academic performance and dismissal.

Participation

Participation in this program is a privilege, not a right. You must live up to the standards implied by the program—academic, social, or otherwise.

Please read the **Georgia Academy Student Handbook** on the Georgia Academy webpage and sign below acknowledging you have read and understand the expectations of the program.

STUDENT: _____ DATE: _____

PARENT/GUARDIAN: _____ DATE: _____

Photographs

I am aware that I may be photographed for PR purposes. I give permission for said picture with an accompanying article to be printed in my local newspaper and/or other publications. I am aware that I may be photographed or video- taped while attending Academy activities. I give permission for any photographs or videotapes including me be published in publications and tapes.

Student Signature Date

Parent/Guardian Signature Date

Parent List serve

Each year we supply to all parents a list of Academy parents name and telephone number. This can be used for car-pooling, messaging, or "getting to know you" talks.

Please include Do not include my parent's information on the roster.
List parent(s) names and ONE phone number **as you wish them listed on the roster.**

If you are a returning student, has any contact information changed? Yes No
If so, what? _____

Dad's email address - _____
(Please write legibly)

Mom's email address - _____
(Please write legibly)