



**University of Georgia
Office of International Education
International Independent Study & Internship Agreement and Waiver Form**

I, _____, a participant in independent study and/or internship
in _____, hereby agree as follows: I have chosen to engage in
<city, country>

<description of activities>

during _____ from _____ to _____
<term and year> <start date> <ending date>

as an independent study and/or internship activity with the University of Georgia, for academic credit in

_____, graded by
<course(s)>

<UGA faculty of record for course(s)>

I acknowledge that I am traveling and working independently and will not be accompanied or supervised by any UGA faculty or staff.

I have thoroughly researched this international activity and chosen it freely, independently, and with careful consideration. I acknowledge that the Board of Regents of the University System of Georgia and its agents and employees assume no responsibilities for my safety or any liability for costs or difficulties that I may incur related to the activities I pursue while abroad and I that I participate in these activities at my own risk.

In exchange for the opportunity to earn University of Georgia credit for this activity I hereby release and forever discharge the University of 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, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with this activity.

I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation whether caused by negligence or otherwise.

I certify that I am at least 18 years of age, or, if not, that I have secured below the signature of my parent or legal guardian as well as my own. This consent is given freely and voluntarily by me without coercion, duress, threat or promise of any kind. I certify that I understand and have read the above carefully before signing. I understand that I if I do not sign, I will not be able to

participate in the above-named international activity, but will not be subject to any other adverse action.

Signature of Student

Date

EMERGENCY CONTACTS:

Emergency contact/family member or friend in the US:

Name: _____

US emergency contact address, preferred phone, e-mail:

Emergency contact in the host country: Provide the name, title, address, phone number, e-mail, and any other contact means (URL, fax) if available of at least one person with whom you will either be lodging or working closely. This should be someone to whom you can turn for help and also someone who can assist us if we cannot get in touch with you.

Name: _____

Host country emergency contact address, preferred phone, e-mail:

**Please submit agreement/waiver form to the
Office of International Education
1324 South Lumpkin Street
Athens, Georgia 30602
706-542-2900**