

UNIVERSITY SYSTEM OF GEORGIA TRANSPORTATION WAIVER

It is the understanding of _____ (institution) that you have alternative transportation arrangements and will not participate in travel arrangements made by _____ (institution) as part of the course entitled " _____ ".

It is therefore understood that ALTERNATIVE you accept full responsibility for travel arrangements and the associated costs. Further, the _____ (institution) is not responsible for any bodily injury or property damage which may arise out of these alternative arrangements.

Please affirm your understanding by reading and signing the statement below:

I understand that transportation arrangements to and from _____ are available to me and I have elected to decline these arrangements. I accept full responsibility for making my own arrangements. I will not hold the _____ (institution), its trustees, agents, or employees responsible for any bodily injury, property damage, or other incident which may arise out of my alternative travel arrangements.

Name (please print)

Date

(Signature)

Signature of parent or guardian

(if participant is under 18 years of age)

(Date)