

PARENT, GUARDIAN, or GUARANTOR SIGNATURE FORM

Fall 2008 / Spring 2009 (Required if student is under 18 years of age)

Fax this form to 404-894-6573 and mail the original to: Department of Housing, 353 Ferst Dr., Atlanta, GA 30332-0459

_____,
Print Student's Last Name

_____,
First Name

Student's GT ID Number

MENINGITIS INFORMATION

By statute, Georgia Code Section 31 - 12 - 3.2 requires that all students living in campus housing to be informed of the risks and issues regarding meningococcal disease. Meningitis is an infection of the fluid of a person's spinal cord and brain. The two major types are viral and bacterial. In addition to the information stated below, complete information can be found on line at: <http://www.health.gatech.edu/topics/meningitis.htm>.

Meningococcal disease is a contagious, but largely preventable infection of the spinal cord fluid and the fluid that surrounds the brain. Meningococcal disease is a serious condition that can lead to death within only a few hours of onset; one in ten cases is fatal, and one in seven survivors of the disease is left with severe disabilities, such as the loss of a limb, mental retardation, paralysis, deafness or seizures; Scientific evidence suggests that college students living in dormitory facilities are at a moderately increased risk of contacting meningococcal disease and immunization against meningococcal disease will decrease the risk of the disease. Therefore, do you acknowledge that you have received the information about meningococcal disease and are aware of the issues and concerns about this illness? By signing below, you are indicating that your student has either (a) received a meningococcal vaccination or (b) reviewed the information above and online at: <http://www.health.gatech.edu/topics/meningitis.htm>.

Parent, Guardian, or Guarantor Initials

RESIDENCE LIFE PROGRAMS ASSUMPTION OF RISK

Many programs, activities and workshops may involve risks of injury, property damage and other dangers associated with participation in such activities. Dangers peculiar to such activities include, but are not limited to: Hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack and heat exhaustion. If I choose to participate in any **Residence Life Program**, I understand and realize that there are inherent risks, hazards and dangers involved including the training, preparation for, and travel to and from such activities. It is the responsibility of each participant to engage only in those activities and programs for which he/she has the prerequisite skills, qualifications, preparation and training. The Institute does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, instructor, or individual participant in any athletic, recreational, adventure program or workshop.

By choosing to participate in programs and activities sponsored by Georgia Tech Residence Life, I understand and accept the risks and damages associated with said participation.

Parent, Guardian, or Guarantor Initials

CONTRACT ACCEPTANCE

I have read and understand the terms and conditions of this contractual agreement. I, the parent, guardian, or guarantor understands that this agreement obligates my student to reside in the residence halls or apartments for the entire academic year or remainder thereof, as applicable.

By signing I have read the meningitis information, I will allow my student to participate in residence hall programs and activities, and I accept the terms of the contract.

Print Name of Parent, Guardian, or Guarantor

Signature of Parent, Guardian, or Guarantor

Date