



Georgia Statewide Area Health Education Center (AHEC) Network Student Housing Agreement

As a part of your community-based rotation, housing may be provided for you in one of the six Georgia Statewide Area Health Education Center (AHEC) Regions. Housing provisions will vary by location.

- I understand and agree that, once housing has been arranged and is available, it is my responsibility to communicate with the regional AHEC prior to arrival. I understand and agree that any housing cancellation must be immediately communicated to the AHEC by me (the student) and no other person, including the clerkship coordinator. I understand and agree that there is a **30-day cancellation policy for clerkships** and a **45-day cancellation policy for selectives** for all AHEC housing. I understand and agree that, if I fail to cancel or alter a housing reservation by notifying the regional AHEC at least 30 days prior the start day of my rotation, then I am subject to a **\$200 housing fine** and I risk forfeiture of future use of AHEC housing and travel support. **Student Initials** _____
- I understand that I may have a roommate(s) assigned by the regional AHEC during all or part of my stay. I understand that single-occupancy apartments and/or private bedrooms are not available, and no such requests can be honored. **Student Initials** _____
- I understand that the room to which I am assigned is the room I will inhabit for the duration of my rotation. I will not move rooms, regardless of the circumstances, unless the move has been approved by a regional AHEC staff member. **Student Initials** _____
- I understand that **no overnight guests are allowed in AHEC housing**, even if I am the only student staying in the apartment. I understand that only students assigned by the regional AHEC are permitted to stay in AHEC housing. I understand and agree that the **first** violation of this rule may result in automatic forfeiture of my current stay, as well as any future use of AHEC housing and/or travel support. **Student Initials** _____
- I understand that **no pets are allowed in AHEC housing**. I understand and agree that the **first** violation of this rule may result in automatic forfeiture of my current stay, as well as any future use of AHEC housing and/or travel support. **Student Initials** _____
- I understand that all AHEC housing is “smoke-free” and “drug-free”, and that **absolutely no smoking, vaping or illegal drugs are allowed at any time**. I understand and agree that the **first** violation of this rule may result in automatic forfeiture of my current stay, as well as any future use of AHEC housing and/or travel support. **Student Initials** _____
- I understand that **no firearms (and other lethal weapons) are permitted in AHEC housing**. I understand and agree that the **first** violation of this rule will result in automatic forfeiture of my current stay, as well as any future use of AHEC housing and/or travel support. **Student Initials** _____
- I understand that **improper use of the internet (for example, illegal downloading of movies, etc.) in AHEC housing will not be tolerated**. I understand and agree that the **first** violation of this rule may result in automatic forfeiture of my current stay, as well as any future use of AHEC housing and/or travel support. I understand and agree that I will not change any passwords or security questions for the provided internet service. **Student Initials** _____



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- I understand that **I am not allowed to duplicate keys or change locks** during my stay in AHEC housing, and I agree to follow the appropriate instructions given for key return. I agree to keep the AHEC housing locked and secured at all times. If the AHEC housing has a lock box, I understand that I may not share the code with anyone else.
Student Initials _____
- I understand and agree **that I will be charged a fee for removing, damaging or tampering with any furnishings, appliances, housewares and other contents of the AHEC housing unit.** I understand that I may not rearrange the furniture or hang anything on the walls. **Student Initials** _____
- I will keep the AHEC housing neat and tidy during my stay. I understand and agree that **it is my responsibility to take my trash out of the housing unit every week**, dispose of it in the proper exterior receptacle for pick-up, and return the AHEC trash cans to their proper place of storage. **Student Initials** _____
- I understand and agree that **it is my responsibility to contact the regional AHEC housing coordinator and/or the designated maintenance person**, should I become aware of any issues with the appliances, HVAC system, utilities, or water leaks, as well as any other maintenance or repair needs in the housing unit. **Student Initials** _____
- I will **be considerate of my neighbors at all times** and will not create or allow any disturbance to their peace and quiet.
Student Initials _____
- I understand and agree that **it is my responsibility to act responsibly and exhibit professional behavior at all times.** This includes behaving in a respectful manner and not disturbing the host or other students staying in the AHEC housing unit. **Student Initials** _____
- I agree that, upon my departure, I will complete the following tasks. I further understand that, if the AHEC housing unit is left unclean, I will be charged a cleaning fee. **Student Initials** _____
 - thoroughly clean my room/apartment
 - **remove all food, drinks, disposable items (plasticware, grocery bags, etc.) from the cabinets, refrigerator and freezer**
 - **remove all grooming/personal hygiene items from the bathrooms**
 - **remove all of my linens (sheets, blankets, towels, etc.)** and leave any linens provided by the regional AHEC clean and in good condition
 - **empty all trash from the kitchen, bedroom and bathroom and dispose of it in the proper exterior receptacle for pick-up**
 - return the thermostat to an acceptable level and make certain all appliances are turned off.
- I understand and agree that the **regional AHEC staff has the right to enter AHEC housing at any time, without notice**, for inspection, maintenance, repairs, inventory and/or cleaning. **Student Initials** _____



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I have read, understand, and agree to adhere to the GA Statewide AHEC Housing Agreement as well as the regional AHEC housing guidelines and rules provided at the individual housing location.

I understand that I will be financially responsible for any damage, loss of contents, excessive cleaning expenses, lock-out fees, or local services purchased by myself (costs vary among AHEC regions).

I understand that the AHEC will report any failure to adhere to the AHEC Housing Agreement and individual location guidelines and rules to my Clerkship Director or other school officials deemed appropriate which may result in a hold on my academic records.

This agreement will be terminated on the last day of the course assignment in the AHEC community setting. I have read and understand my responsibilities regarding AHEC housing and the consequences of cancelling my housing after the deadline.

Rotation Start Date: _____

Rotation End Date: _____

Assigned Preceptor: _____

Rotation Site: _____

AHEC Region (check one):

Blue Ridge AHEC

SOWEGA AHEC

Foothills AHEC

Three Rivers AHEC

Magnolia Coastlands AHEC

Student Name (please print)

Student Signature

Date

By checking this box, I am providing my electronic signature and agreeing to all the information entered above.
(Please enter name and date on signature and date lines above)



Serving Georgia's Communities Since 1984

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Georgia Statewide Area Health Education Center (AHEC) Network Student Waiver and Release of Liability

1. Acceptance of Risk; Release; Indemnification. I am fully aware that there are a number of risks associated entering any of the Georgia Statewide Area Health Education Center ("**AHEC**")¹ arranged housing sites, becoming a housing resident and/or occupying a room at any AHEC arranged housing facility during the COVID-19 pandemic, including without limitation:

(a) I could contract COVID-19 or other diseases such as the flu or legionnaires disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death; and

(b) I will be subject to normal risks associated with staying in a housing facility such as physical injuries or even death or loss or damage to personal property, including without limitation, from slips or falls, food poisoning or allergic reaction to food served in the housing facility, physical or verbal altercations with housing facility staff, AHEC employees, or other guests, electrocution from appliances or equipment within the housing facility, terrorist or other violence, theft or vandalism, auto accidents around the housing facility, or fires or other disasters affecting the housing facility.

I knowingly and freely, assume all such risks, both known and unknown, relating to my occupancy of a housing facility room and being a guest at the housing facility as described above, and I hereby forever release, waive, relinquish, and discharge AHEC along with their officers, directors, managers, officials, trustees, agents, employees, or other representatives, and their successors and assigns (collectively, the "**AHEC Representatives**"), from any and all claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "**Damages**") as a result of me being a guest at the housing facility and occupying a room at the housing facility as described above, including but not limited to those related to the above described personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any AHEC Representative or any other person. I further promise not to sue the AHEC or any AHEC Representative, and agree to indemnify and hold them harmless from any and all Damages resulting from my being a guest or occupying a room at the housing facility.

Student Name (please print)

Student Signature

DateFin

¹ Georgia Statewide Area Health Education Centers consist of the Atlanta Area Health Education Center, Inc., Blue Ridge Area Health Education Center, Inc., Foothills Area Health Education Center, Inc., Magnolia Coastlands Area Health Education Center, Inc., Southwest Georgia Area Health Education Center, Inc., and Three Rivers Area Health Education Center, Inc.