

**ASSUMPTION OF RISK AND RELEASE
TENNESSEE TECH UNIVERSITY
VOLUNTARY ACTIVITIES**

Liability Release, Waiver, Discharge and Covenant Not to Sue/Medical Consent Form

This is a legally-binding Release and Medical Consent made by me, _____, to Tennessee Tech University.

I full recognize that there are dangers and risks to which I may be exposed by participating in _____ (activity name) during _____ (insert time period). The following is a description and examples of specific, significant, non-obvious dangers and risks associated with this activity:

I understand the University does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this Release.

I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. In consideration of and in return for the services, facilities, and the other assistance provided to me by the University in this activity, I release the University (hereinafter including its governing board, employees and agents) from any and all liability, claims and actions that may arise from injury or harm to me, from my death or damage to my property in connection with this activity. I understand that this Release covers liability claims and actions caused entirely or in part by any acts or failures to act of the University, including but not limited to negligence, mistake or failure to supervise by the University.

I understand that the University does not have medical personnel available at the location of the activity. I, therefore grant the University permission to authorize emergency medical treatment, if deemed necessary by the University. I agree that the University assumes no responsibility or liability for any injury or damage which might arise out of or in connection with such authorized medical emergency treatment. I further state that I have adequate health insurance necessary to provide for and pay for any medical costs that I may incur during or arising from my participation in this activity.

I recognize that this Release means I am giving up among other things, rights to sue the University for injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, as well as myself.

I have read this entire Release; I fully understand it; and I agree to be legally bound by it.

This is a Release of Your Rights. Read Carefully Before Signing.

(Releasor's Signature)

(Parent or Guardian if Releasor is Under 18 Years of Age)

(Date)