

**ACKNOWLEDGEMENT, RELEASE, INDEMNIFICATION  
AND CONSENT TO MEDICAL TREATMENT**

I, \_\_\_\_\_, acknowledge that I have voluntarily chosen to participate in the following activity:

Use of iMakerSpace facility, equipment, and tools

I understand that there may be risks associated with my participation in this activity and that such risks could result in loss, damages, injury or death. In addition to the general risks inherent in all activities (e.g., travel risks, premises risks, bodily injury risks, equipment risks and unforeseeable risks), I acknowledge that this activity may present specific risks including but not limited to the following:

Injury due to improper use of equipment/tools such as, but not limited to: hammers/nails, screwdrivers, utility knives, power tools, equipment with rotating parts, building materials, saws, chisels, scissors, razor blades; Injury due to, but limited to: flying metal/wood pieces and other debris; Burns resulting from improper use of, but not limited to: 3D printers, soldering irons, heat guns, 3D printing pens, power tools; Electrical shock from, but not limited to: electronics testing equipment, electrical outlets; Blunt force trauma and appendage crushing hazards such as, but not limited to: machinery, vices, presses, drills; Eye, skin, and or respiratory injury from, but not limited to: paper cuts, flying debris, maintenance chemicals and solvents, acetone, lubricants, isopropyl alcohol, photopolymer resin; Injury from improper use of equipment featuring glass such as, but not limited to: glass 3D printer build plates.

I acknowledge that I have had an opportunity to investigate the activity's requirements and the conditions under which I will be participating in the activity.

I represent that I am physically fit to participate in the activity and that I have adequate health insurance necessary to pay or in the absence of insurance will be financially responsible for paying all amounts or charges for any medical bills that I may incur during the activity. I acknowledge and accept full responsibility for any expenses incurred as a result of such emergency treatment to the extent such expenses are not covered by my insurance. I also agree to indemnify Tennessee Tech for any liability, including attorney's fees, for any actions brought against Tennessee Tech for any unpaid medical costs or bills I incur.

I grant Tennessee Tech permission to authorize emergency medical treatment if deemed necessary by Tennessee Tech or a medical provider.

I acknowledge that this document will be effective until I revoke it by sending a written notice of revocation to:

Mr. Robert Shelton  
Graduate Assistant – Manager  
LIBR 349  
[tntechmakerspace@gmail.com](mailto:tntechmakerspace@gmail.com)

Revocation of this document will result in revocation of MakerMember privileges such as, but not limited to: extended access to the iMakerSpace via Eagle Card, unsupervised usage of the facility, equipment, and tools, project storage via locker check-out.

I will conduct myself in a responsible manner, act safely, abide by all federal, state, and local laws or ordinances, and follow the rules, procedures or instructions of the activity. I also agree to abide at all times by Tennessee Tech's rules and policies related to student conduct when participating in this activity.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Participant's Date of Birth \_\_\_\_\_ Participant's T Number \_\_\_\_\_

If Participant is under the age of 18, a parent/guardian must also execute this document and by doing so represents that s/he has the right to sign on behalf of Participant and acknowledges and agrees to all the terms stated in this document.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_