

**ADULT CONSENT, REPRESENTATION, RELEASE
AND INDEMNIFICATION AGREEMENT**

PARTICIPANT: _____
Name (last name first - please print or type)

I am the above-named participant and I am fully competent to sign this Agreement.

I fully recognize that there are dangers and risks to which I may be exposed while participating in the Cheer/Dance Camp 2015 at Tennessee Tech University. I acknowledge that the activity may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In addition, I represent that as an agent of my local school, I am aware of my local educational authority's requirements related to the supervision, oversight and protection of minors and will abide by those requirements.

In consideration of and in return for the services, facilities, and the other assistance provided to me by Tennessee Tech University in this activity, I, on behalf of myself, my executors, administrators and all others, release Tennessee Tech University including its governing board, employees, and agents from any and all liability, claims and actions that may arise from injury or harm to me 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 Tennessee Tech University, including but not limited to negligence, mistake, or failure to supervise by Tennessee Tech University. I also agree to indemnify Tennessee Tech University for any liability, including attorney's fees, for injury or death of any person and damage to property caused by my negligent or intentional act or omission

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCUR WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY TENNESSEE TECH UNIVERSITY FOR ANY LIABILITY (INCLUDING ATTORNEY'S FEES) FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature

Printed Name

Date signed: _____ 20__

County of _____

Personally appeared before me, _____ with whom I am personally acquainted or who provided satisfactory evidence that s/he is who s/he claims to be and who acknowledged that s/he executed this instrument for the purposes herein contained.

Witness my hand, at office,
this _____ day of _____, 20__.