

## **Agreement for Indemnification, Release, and Consent for Emergency Treatment**

I, \_\_\_\_\_ (print name), age \_\_\_\_\_, desire to participate voluntarily in \_\_\_\_\_ activities at the University of Tennessee - \_\_\_\_\_.

**I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. IF I WISH TO DISCUSS ANY OF THE TERMS OF THIS AGREEMENT OR HAVE ANY QUESTIONS, I SHOULD CONSULT AN ATTORNEY.**

### **Assumption of Risk:**

I understand that activity related to \_\_\_\_\_, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks include personal injuries of all kinds up to and including paralysis and/or death and injury to or destruction of property owned by me or someone else. I have determined that I can participate in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for my by the University or the State of Tennessee. I know, understand, and appreciate that risks are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Hold Harmless, Indemnity and Release:**

In consideration of permission for me to voluntarily participate in \_\_\_\_\_, from \_\_\_\_\_ (start date) to \_\_\_\_\_ (end date) I, for myself, my heirs, personal representatives, or assigns, agree to defend, hold harmless, indemnify, and release the Board of Trustees of the University of Tennessee System, the University of Tennessee - \_\_\_\_\_, and their officers, employees, agents, and/or volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, personal injury, or death, which may result from my participation in the above-listed program or event. This release includes claims based on the negligence of the Board of Trustees of the University of Tennessee System, the University of Tennessee - \_\_\_\_\_, and their officers, employees, agents, and/or volunteers. **I UNDERSTAND THAT BY AGREEING TO THIS CLAUSE I AM RELEASING CLAIMS AND GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Consent for Emergency Treatment:**

I authorize the University of Tennessee - \_\_\_\_\_ and its designated representatives to consent, on behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. **I AGREE TO BE RESPONSIBLE FOR ALL NECESSARY CHARGES INCURRED BY ANY HOSPITALIZATION OR TREATMENT RENDERED PURSUANT TO THIS AUTHORIZATION.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_