

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

The UNIVERSITY OF TENNESSEE at CHATTANOOGA – Campus Recreation

Dates:

Participant Name:	Age:
Date of Birth:	
Address:	City/State/Zip:
injury, paralysis, or death inherent in pa broken bones, drowning, spinal cord injur- the University will not be responsible or I unless negligently caused by employees of property damage resulting from the neglig the State of Tennessee in accordance with indemnify and to hold the University and	campus Recreation Facilities (the "Activity") acknowledge the risk of accident ricipation in the Activity, which may include, but are not limited to, falling ies, concussions, muscle or tendon injuries, slipping and falling, etc. I agree that liable for any personal injury, including death, to me or damage to my property of the University. I acknowledge that any claims for personal injury, death, or gence of University employees must be submitted to the Claims Commission for T.C.A. Section 9-8-307, et seq., as amended. I assume liability for and agree to its trustees, officers, and employees harmless for all claims or damages caused ent, intentional, or other act or omission on my part.
I am above the age of 18 and havevent that I am under age 18, my parent or	we read the above statement and agree to the conditions set forth herein. In the legal guardian has signed below.
representatives, assigns, and any other per	pers of my family and spouse, and my estate, heirs, administrators, personal reson entitled to act on my behalf. This Agreement shall be construed under the gard to its conflict of law provisions. If any portion of this is held to be invalidation shall be in full force and effect.
I have read this document before bound by the promises I have made herein	signing it and sign this document of my own free act and deed, intending to be
I HAVE CAREFULLY READ AND UN TO BE BOUND THEREBY.	NDERSTAND COMPLETELY THE ABOVE PROVISIONS AND AGREE
Participant:	Parent or Legal Guardian if participant is under 18:
Name (please print):	Name (please print):
Signature:	Signature:
Date:	Date:
Media Release I, the undersigned, do hereby give Universitrevocable right to use my name, image, v	**************************************
Signature of parent (if minor)	