

I, _____, have decided to voluntarily participate in the competition/event scheduled for _____, 20____. I hereby acknowledge that participating this competition/event is a privilege and that, while participating in this activity, I will abide by all policies, rules and regulations of my school and the host location.

I have full knowledge of the risks involved in this activity, which include but are not limited to _____ (describe risks), travel and other related activities. I further understand that serious accidents may occur during this type of activity and that participants in the activity may sustain mortal or serious personal injuries and/or property damage as a result of participating in this activity. I have reached the age of majority, and I am competent to make this decision for myself, or, if I am a minor, I have obtained the permission of a parent or legal guardian. I hereby agree to assume and expressly accept any and all risks, including injury or death.

I am not suffering from any medical condition that would prevent my safe participation in any of the activities involved in this competition/event/activity in which I will be involved during the trip or that would prevent my participation of these activities. I will use care for my own safety and well-being. I have not been advised by a physician or any other health care provider to limit my travel or activities. I have either had a physical examination or been given a physician's permission to participate, or I have decided to participate in these activities without the approval of a physician. I assume all responsibility for my participation in the competition and related activities.

I assure officials of the institution that I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in this activity and that I will indemnify and hold the institution harmless.

To the extent permitted by law and knowing the risks of this activity, I hereby release, waive, forever discharge, covenant not to sue and agree to hold harmless the institution, including its governing board, officers, agents, employees and students from this activity, including but not limited to, medical bills, court costs and attorneys' fees, any damage to my property or the property of others and injury to me or to others, including loss of limb or life, resulting from my negligence or the negligence of others, or to others through my participation in this activity. This release will also prevent my family from suing releases' and binds my spouse, if I have one, my estate, siblings, parents, heirs and assigns.

I further agree that this agreement shall be construed in accordance with the laws of the State of Tennessee. If any term or provision of this agreement shall be held illegal, unenforceable or in conflict with any law governing this agreement, the remaining provisions shall remain in full force and effect.

In consideration of my participation in this activity, I execute this document with full knowledge of the contents and consequences stated in this release.

In witness thereof, I have executed this release on _____ (date).

Witness

Print Name

Signature

Student/Participant

Print Name

Signature or signature of parent/guardian (if under 18 years old)