



ASSUMPTION OF RISK AND RELEASE OF LIABILITY
The UNIVERSITY OF TENNESSEE at CHATTANOOGA – Campus Recreation

Activity: _____ **Dates:** _____
Participant Name: _____ **UTC ID (if applicable):** _____
Date of Birth: _____ **Phone #:** _____
Emergency Contact: _____ **Emergency Contact Phone #** _____

I, _____, in consideration of the opportunity to utilize The University of Tennessee at Chattanooga’s Campus Recreation Facilities (the “Activity”) acknowledge the risk of accident, injury, paralysis, or death inherent in participation in the Activity, which may include, but are not limited to, falling, broken bones, drowning, spinal cord injuries, concussions, muscle or tendon injuries, slipping and falling, etc. I agree that the University will not be responsible or liable for any personal injury, including death, to me or damage to my property, unless negligently caused by employees of the University. I acknowledge that any claims for personal injury, death, or property damage resulting from the negligence of University employees must be submitted to the Claims Commission for the State of Tennessee in accordance with T.C.A. Section 9-8-307, et seq., as amended. I assume liability for and agree to indemnify and to hold the University and its trustees, officers, and employees harmless for all claims or damages caused, in whole or in part, by me and any negligent, intentional, or other act or omission on my part.

I am above the age of 18 and have read the above statement and agree to the conditions set forth herein. In the event that I am under age 18, my parent or legal guardian has signed below.

This Agreement binds the members of my family and spouse, and my estate, heirs, administrators, personal representatives, assigns, and any other person entitled to act on my behalf. This Agreement shall be construed under the laws of the state of Tennessee without regard to its conflict of law provisions. If any portion of this is held to be invalid, illegal, or unenforceable, the remaining portion shall be in full force and effect.

I have read this document before signing it and sign this document of my own free act and deed, intending to be bound by the promises I have made herein.

I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS AND AGREE TO BE BOUND THEREBY.

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 University of Tennessee at Chattanooga and parties designated by The University the irrevocable right to use my name, image, video, photograph, and/or recordings for reproduction in any medium for purposes of public information, education and the furtherance of the goals of the institution or for other lawful purposes.

I do not want my name or image to be used

Signature _____ Date _____

Signature of parent (if minor) _____ Date _____