

ASSUMPTION OF RISK AND RELEASE AGREEMENT

1. This is a legally-binding Assumption of Risk and Release Agreement made by me, _____(name of student), to Belmont University signed on _____, 20____.
2. I make this Agreement in consideration of being permitted by Belmont University to participate in _____ (*name of activity or event*) during _____ (*insert time period*). I understand that participation in this activity will include but not be limited to the following activities: Travel to and from _____; (*include list of other activities, be as specific as possible about what you all will be doing during "official" activities and during off time, etc.*). I understand that the university does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks involved.
3. I recognize that there are risks and hazards directly or inherently involved, making these and related activities potentially dangerous. These include _____. With full knowledge of the facts and circumstances surrounding these activities, I voluntarily agree to assume all the risks and responsibilities of my participation in them, including all risk of loss of limb or life, property damage, or injury to others.
4. I, on behalf of myself, my family, heirs and legal representatives release, waive, and forever discharge Belmont University, its agents, employees, officers, and governing board from and against any and all liability, claims and actions that may arise from injury or harm to me, from my death or from 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 Belmont University (or its governing board, employees or agents).
5. I further grant permission for Belmont University, its agents or employees to obtain necessary medical attention in case of my sickness or injury. I consent to any necessary medical examination, diagnosis, or treatment and agree to be responsible for costs of such medical services.
6. I agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee, and that if any portion of this Agreement is held invalid, any such findings shall not affect the validity of the remaining provisions which shall remain in full force and effect.
7. I have read this entire Agreement, I fully understand it and I agree to be legally bound by it.

STUDENT