

Agreement for Indemnification, Release, and Consent for Emergency Treatment

I, _____ (print name), age _____, desire to participate voluntarily in _____ activities with the University of Tennessee, Knoxville.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY.

Hold Harmless, Indemnity and Release:

In consideration of permission for me to voluntarily participate in _____, on (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, Knoxville, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, up to and including death, which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Trustees of the University of Tennessee System, the University of Tennessee, Knoxville, and their officers, employees, agents, and 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:** _____

Signature of Parent or Guardian
(if Participant is Under 18): _____ **Date:** _____

Consent for Emergency Treatment:

I authorize the University of Tennessee, Knoxville and its designated representatives to consent, on my 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:** _____

Signature of Parent or Guardian
(if Participant is Under 18): _____ **Date:** _____