

STUDENT ACKNOWLEDGMENT AND WAIVER

I, _____, acknowledge that I have voluntarily chosen to participate in the following Tennessee Tech University ("Tech") activity:

Name of Activity _____

Travel Date(s) _____ Location _____

Acknowledgment of Risk: I acknowledge that I have had an opportunity to investigate the activity's requirements and the conditions under which I will be participating in the activity. I understand that there may be foreseeable and unforeseeable risks associated with my participation in this activity, including general risks inherent in all activities (e.g., travel risks, premises risks, bodily injury risks, equipment risks), and that such risks could result in loss, property damage, injury or death. I am voluntarily participating in this activity with knowledge of the risks involved. I have reached the age of majority, and I am competent to make this decision for myself.

Medical Release: I represent that I am not suffering from any medical condition, impairment, or disease that would prevent my safe participation in the activity. I assume full responsibility for my participation in the activity and any injury incurred during my participation.

I understand that Tech may not have medical personnel available at the location of the activity. I therefore grant Tech permission to authorize emergency medical treatment, if deemed necessary by Tech. I agree Tech assumes no responsibility or liability for any injury or damage that may arise out of or in connection with such authorized medical treatment. I further state that I have adequate health insurance necessary to provide for and pay for any medical costs I may incur during or arising from my participation in the activity. I accept full responsibility for any expenses incurred, to the extent such expenses are not covered by my health insurance.

Release of Liability: In consideration for the right to participate in the activity, I agree to assume the risks involved, and I acknowledge that such risks may include, but are not limited to, bodily injury and/or death and/or property damage, and hereby collectively and individually release and agree to hold harmless Tech, its Board of Trustees, officers, employees, agents, representatives, volunteers and assigns to the fullest extent allowed by law from all rights, claims, demands and damages of any kind, known or unknown, existing or arising in the future that result from or relate to my participation in the activity.

I will conduct myself in a responsible manner, act safely, abide by all federal, state, and local laws or ordinances, and follow the rules, procedures or instructions of the activity. I also agree to abide at all times with Tennessee Tech's rules related to student conduct when participating in this activity. I have read and understand this Acknowledgment and Waiver in its entirety and voluntarily sign same, without reliance on any representations, statements or inducements, expressed or implied, made by any party whatsoever.

Participant's Signature _____ Date _____

Printed Name _____

Participant's Date of Birth _____

Participant's T-Number _____

****If you are driving, please attach a copy of your driver's license****

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If Participant is under the age of 18, a parent/guardian must also execute this document and by doing so represents that s/he has the right to sign on behalf of Participant and acknowledges and agrees to the all the terms stated in this document.

Parent/Guardian Signature _____ Date _____

Printed Name _____

Relationship to Participant _____

Emergency Contact Information

Printed Name _____

Relationship to Participant _____

Phone Number _____