

TTU SCHOOL OF MUSIC
ACKNOWLEDGEMENT, RELEASE, INDEMNIFICATION
AND CONSENT TO MEDICAL TREATMENT

I, _____, acknowledge that I have voluntarily chosen to participate in the following activity-
INDICATE NAME OF ACTIVITY AND DATE(S) IF THE ACTIVITY IS OF LIMITED DURATION BELOW:

I understand that there may be risks associated with my participation in this activity and that such risks could result in loss, damages, injury or death. In addition to the general risks inherent in all activities (e.g., travel risks, premises risks, bodily injury risks, equipment risks and unforeseeable risks), I acknowledge that this activity may present specific risks including but not limited to the following: **INDICATE SPECIFIC LIST OF FORESEEABLE RISKS BELOW:**

I acknowledge that I have had an opportunity to discuss the matter with my instructor and to otherwise investigate the activity's requirements and the conditions under which I will be participating in the activity.

I represent that I am physically fit to participate in the activity and that I have adequate health insurance necessary to pay or, in the absence of insurance, will be financially responsible for paying all amounts or charges for any medical bills that I may incur during the activity. I acknowledge and accept full responsibility for any expenses incurred as a result of such emergency treatment to the extent such expenses are not covered by my insurance. I also agree to indemnify Tennessee Tech for any liability, including attorney's fees, for any actions brought against Tennessee Tech for any unpaid medical costs or bills I incur.

I grant Tennessee Tech permission to authorize emergency medical treatment if deemed necessary by Tennessee Tech or a medical provider.

I acknowledge that this document will be effective until I revoke it by sending a written notice of revocation to-
INDICATE NAME AND ADDRESS OF PERSON(S) WHO WILL RECEIVE REVOCATIONS BELOW:

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 by Tennessee Tech's rules and policies related to student conduct when participating in this activity.

Participant's Signature _____ Date _____

Printed Name _____ Emergency Contact Number: _____

Participant's Date of Birth _____ Participant's T Number _____

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 _____