ACKNOWLEDGEMENT, INDEMNIFICATION AND

CONSENT TO MEDICAL TREATMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I have voluntarily chosen to participate in the following activity:

Name of specific activity or organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:

Theft of personal property; Injury due to improper use of equipment/tools (such as, but not limited to: ladders, box cutters, staplers and hammers); Injury due to water, ice and fire; Injury due to improper or heavy lifting; Injury due to falls (such as, but not limited to falling on stairs); Illness due to allergies (such as, but not limited to: dust, foods, and other substances).

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 and discuss any concerns about my participation in the activity with the instructor.

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 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 TTU for any liability, including attorney’s fees, for any actions brought against TTU for any unpaid medical costs or bills I incur.

I grant TTU permission to authorize emergency medical treatment if deemed necessary by TTU.

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 related to student conduct when participating in this activity.

Participant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant’s T Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the 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 the participant and acknowledges and/or agrees to the all the terms stated in this document.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_