ASSUMPTION OF RISK AND RELEASE AGREEMENT

1. This is a legally-binding Assumption of Risk and Release Agreement made by me to Belmont University signed on this date:_____.
2. I make this Agreement in consideration of being permitted by Belmont University to participate in the following activity: _____. I understand and agree that regardless of the precautions taken by the organization, bodily injuries may occur. 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 risks and hazards include _bruising, broken bones, scratches_____.

   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 representative 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 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.
8. I understand that by not signing this Agreement that I am not granted permission by the University to participate in this activity and henceforth assume all the risks and responsibilities of my unapproved participation in the activities, including all risk of loss of limb or life, property damage, or injury to others.
9. I warrant that I am over the age of 18. If I am 17 years old or younger, I understand that my parent or guardian must sign a release form before I will be permitted to participate.

Printed full name	Signature	BUID#	Date	Contact Number