

ASSUMPTION OF RISK AND RELEASE AGREEMENT

1. This is a legally-binding Assumption of Risk and Release Agreement made by me, _____ (name of student), to Belmont University signed on _____, 2010.
2. I make this Agreement in consideration of being permitted by Belmont University to participate in the _____ course conducted by Belmont University during _____. I understand that participation in this activity will include but not be limited to the following activities: _____
_____. I realize that I must provide my own transportation to the site where the volunteer service will be conducted.
3. I understand that the university does not require me to take this course or participate in these activities but I want to do so, despite the possible dangers and risks involved. I realize that alternative classes are available to me but I have opted to take this one because I wish to serve as a volunteer in the community.
4. I recognize that there are risks and hazards directly or inherently involved, making these and related activities potentially dangerous. These include risk of being the victim of a crime. 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.
5. I, on behalf of myself, my family, heirs and legal representatives 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).
6. I further grant permission for Belmont University, its agents or employees to obtain necessary medical attention in case of my sickness or injury. I consent to any necessary medical examination, diagnosis, or treatment and agree to be responsible for costs of such medical services.
7. 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.
8. I am presently over the age of eighteen.
9. I have read this entire Agreement. I fully understand it and I agree to be legally bound by it.

STUDENT

DATE