

ASSUMPTION OF RISK AND RELEASE AGREEMENT

1. This is a legally-binding Assumption of Risk and Release Agreement made by me (print your name) _____, to Belmont University signed on this day _____, 2007.
2. I make this Agreement in consideration of being permitted by Belmont University to participate in (list the program, activity or travel in which you will participate) _____ with (student organization) _____. I understand and agree that regardless of the precautions taken by the organization, so 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. Specific risk and hazards involved in the activity includes by is not limited to the following: (list the potential risk below; if more space is needed, please use the back of this form)
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
3. I recognize that there are risks and hazards directly or inherently involved, making these and related activities potentially dangerous. 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.

Student Signature

Date