

University of Tennessee Health Science Center Outdoor Adventures Release of Liability

Activity or Trip: _____

Participant Information:

Name: _____

Daytime Phone: _____

Date of Birth: _____ Age: _____

Email Address: _____

Address: _____

UTHSC Affiliation: Student Faculty Staff Dependent/ Spouse Community

Student / Personnel Number: _____ or None

Emergency Contact Information:

Name: _____

Relationship: _____

Daytime Phone: _____

Other Phone: _____

Address: _____

Release and Assumption of Risk

The undersigned hereby acknowledges that he/she understands that participation in any of the UTHSC Outdoor Adventures programs or activities at the University of Tennessee Health Science Center is purely voluntary and is not part of the academic curriculum of the university. In consideration of the university making equipment and /or facilities available to the UTHSC Outdoor Adventures and/or the undersigned while participating in any such activities, the undersigned hereby releases the University of Tennessee Health Science Center, its successors, assigns, Trustees, officers, agents, and employees from any and all claims, demands and causes of action whatsoever, in any way growing out of or resulting from the undersigned's participation in the activities of the organization.

The undersigned further agrees that he/she understands that many of the activities of UTHSC Outdoor Adventures involve substantial risk of bodily injury, property damage and other dangers associated with participation. These dangers may include but are not limited to the following:

Sustaining a head injury or other serious physical injury or death; acts of nature; varying weather conditions such as severe heat or cold; changing water levels or current; sub-merged or partially exposed objects; rock falls; twisting an ankle; breaking a bone; drowning; foot entrapments; falls; bad decision-making; inattentive spotters and belayers; equipment failure; and holds that have become loose or damaged by other climbers.

It is expressly understood by the undersigned that he/she is solely responsible for any costs arising out of any bodily injury or property damage sustained through participation in normal or unusual activities of UTHSC Outdoor Adventures.

If the undersigned is a minor, then the signature of the parent or guardian appearing in the space indicated below signifies acceptance by said parent or guardian that the terms and conditions hereof shall be binding upon them and shall constitute a release by them of any and all claims, demands and causes whatsoever which they or any of them may have against the University of Tennessee Health Science Center, its successors, Trustees, officers, agents or employees as a result of the undersigned's participation in the activities described.

I have carefully read and understand completely the above provisions and agree to be bound thereby.

Signature: _____

Date: _____

Parent/ Guardian Signature: _____
(If under the age of 18)

Date: _____