CARSON-NEWMAN
A CHRISTIAN UNIVERSITY

# RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I, the undersigned, hereby acknowledge and agree, as follows:

I AM VOLUNTARILY CHOOSING TO PARTICIPATE IN _____ AND ASSOCIATED ACTIVITIES, AND HEREBY ASSUME ALL PERSONAL AND LEGAL RESPONSIBILITY FOR IT THEREOF.

THERE MAY BE SIGNIFICANT RISK ASSOCIATED WITH THE ACTIVITY PROVIDED TO MYSELF, AND MY PERSONAL PROPERTY MAY BE DAMAGED OR DESTROYED, INCLUDING THE POTENTIAL FOR SERIOUS INJURY OR DEATH. I UNDERSTAND THAT MY SKILLS AND PROPER EQUIPMENT MAY REDUCE THE RISK, BUT THAT THERE WILL ALWAYS BE RISK ASSOCIATED WITH THE ACTIVITY.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF CARSON-NEWMAN UNIVERSITY, ITS DIRECTORS, OFFICERS, EMPLOYEES, STUDENTS, AGENTS, AND OTHER PARTICIPANTS (COLLECTIVELY CALLED BELOW THE "INDEMNITEES"), AND ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION.

I, HEREBY GRANT PERMISSION TO CARSON-NEWMAN UNIVERSITY TO USE AND PUBLISH PHOTOGRAPHS OR VIDEO FOOTAGE OF EVENT PARTICIPANT FOR PROMOTIONAL AND EDUCATIONAL PURPOSES. THIS CONSENT EXTENDS TO BOTH PRINT AND DIGITAL MEDIA, INCLUDING BUT NOT LIMITED TO C-N ATHLETIC WEBSITE, SOCIAL MEDIA PLATFORMS, NEWSLETTERS, BROCHURES, AND PROMOTIONAL MATERIALS. P

I, FOR MYSELF, MY HEIRS, MY ASSIGNS, MY PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE ABOVE INDEMNITEES, AND IF APPLICABLE, OWNERS AND LESSORS OF THE PREMISES USED FOR THE ACTIVITY, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY ASSOCIATED WITH MY PRESENCE OR PARTICIPATION, WHETHER ARISING FROM THE NEGLIGENCE OF THE INDEMNITEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND AND ACCEPT ITS TERMS, AND UNDERSTAND THAT BY SIGNING THIS DOCUMENT I HAVE GIVEN UP CERTAIN RIGHTS THAT MAY BE OTHERWISE AVAILABLE TO ME. I HEREBY SIGN THIS AGREEMENT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

_____ _____ __/__/__

Type or Print Name of Participant Participant's Signature Birth Date M/D/YR

_____

Emergency Contact's Name & Phone Number(s)

**IF THE STUDENT IS A MINOR:**

_____ _____ __/__/__

Parent or Guardian Name Parent or Guardian Signature Birth Date M/D/YR

_____

Emergency Contact's Name & Phone Number(s)