



## RELEASE AND HOLD HARMLESS AGREEMENT

**1. I PROMISE NOT TO SUE ROANE STATE COMMUNITY COLLEGE FOR ANY INJURIES OCCURING WHILE I AM PARTICIPATING IN THIS ACTIVITY:**

In consideration for receiving permission to participate in \_\_\_\_\_  
(hereinafter referred to as "activity" and to the extent permitted by law)

I, \_\_\_\_\_, release an covenant not to sue Roane State Community College, the Board of Regents of the State University and College System of Tennessee, The State of Tennessee, and all employees and agents of these parties (hereinafter referred to as "releasees") from all claims related to any loss that may be sustained by me, including loss of life, or to any property belonging to me, whether caused by the negligence of the releasees or otherwise, while participating in this activity, or while on the premises where this activity is being conducted.

**2. I AM AWARE OF THE RISKS OF CHOOSING TO PARTICIPATE IN THIS ACTIVITY, I ACCEPT RESPONSIBILITY FOR THESE RISKS:**

The activity has been explained to me, including the risks involved in participating in this activity, and I understand these risks. These risks include injury or death related to travel to or from this activity. I voluntarily choose to participate in this activity. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, which may be sustained by me as a result of participating in this activity, whether caused by the negligence of the releasees or otherwise.

**3. I WILL REIMBURSE ROANE STATE COMMUNITY COLLEGE FOR ANY COSTS THEY INCUR BECAUSE OF MY PARTICIPATION IN THIS ACTIVITY:**

I agree to indemnify the releases for any loss or costs, including medical bills, court costs and attorneys' fees that may incur due to my participation in this activity, whether this loss is a result of the negligence of the releasees or otherwise. I assure officials of Roane State Community College that I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in this Activity and I will indemnify and hold Roane State Community College harmless. I understand that Roane State Community College does not have medical personnel available at the Fitness Center. I understand and agree that Roane State Community College's employees and students are granted permission to authorize emergency medical treatment, if necessary, and that this action shall be subject to the terms of this agreement. I understand and agree that Roane State Community College and its employees and students assume no responsibility for any injury in connection with any authorized emergency medical treatment.

**4. THIS AGREEMENT WILL ALSO PREVENT MY FAMILY FROM SUING ROANE STATE COMMUNITY COLLEGE:**

It is my intent that this Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased. This Agreement shall be deemed as Release and Covenant not to sue regarding any claims these parties may have against releasees relating to my participating in this activity, whether these claims arise out of the negligence of the releasees or otherwise.

**5. THIS AGREEMENT SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF TENNESSEE.**

If any term or provision of this agreement shall be held illegal, unenforceable or in conflict with any law governing this agreement, the remaining provisions shall remain in full force and effect.

In signing this Agreement, I acknowledge that I have read it and understand it, and that I sign it voluntarily.

Class and Instructor: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

If under eighteen (18) years old, signature of parent of legal guardian require.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## RELEASE AND HOLD HARMLESS AGREEMENT

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. If you are planning to become much more physically active than you are now, start by answering the eight questions below. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: Circle YES or NO

YES	NO	Has your doctor ever said that you have a heart condition AND that you should only do physical activity recommended by a doctor?
YES	NO	Do you feel pain in your chest when you do physical activity?
YES	NO	In the past month, have you had chest pain when you were not doing physical activity?
YES	NO	Do you lose your balance because of dizziness or do you ever lose consciousness?
YES	NO	Do you have a bone or joint problem that could be made worse by a change in your physical activity?
YES	NO	Is your doctor currently prescribing drugs for your blood pressure or heart condition?
YES	NO	Are you over 69 years of age and not used to being very active?
YES	NO	Do you know of ANY OTHER REASON why you should not do physical activity?

**If you answered YES to one or more questions:**

- Talk to your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the questions to which you answered YES
- You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk to your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you

**If you answered to NO to all questions you can be reasonably sure that you can:**

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go
- Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively

**Delay becoming much more active:**

- If you are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better; or
- If you are or may be pregnant – talk to your doctor before you start becoming more active

**PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.**

I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature of Parent/Legal Guardian (if under 18): \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_