

HOLD HARMLESS AGREEMENT

- 1) I PROMISE NOT TO SUE ROANE STATE COMMUNITY COLLEGE FOR ANY INJURIES OCCURRING WHILE I AM PARTICIPATING IN THE ACTIVITY:

In consideration for receiving permission to participate in the \_\_\_\_\_ (hereinafter referred to as "activity" I, \_\_\_\_\_, release and covenant not to sue Roane State Community College, the Board of Regents of the State University and Community 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 the activity, or while on the premises where this activity is being conducted.

- 2) I AM AWARE OF THE RISKS OF CHOOSING TO PARTICIATE IN THIS ACTIVITY, I ACCEPT RESPIONSIBLITY 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 releasees for any loss or costs, included medical bills, court costs and attorneys' fees, that they may incur due to my participation in this activity, whether this loss is a result of the negligence of the releasees or otherwise.

- 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 a Release and Content not to sue regarding any claims these parties may have against releasees relating to my participation in this activity, whether these claims arise out of the negligence of the releasees or otherwise.

- 5) THIS AGREEMENT SHALL BE CONSTRUED IN ACCOUDANCE WITH THE LAWS OF THE STATE OF TENNESSEE.

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: \_\_\_\_\_ R# \_\_\_\_\_

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

Parent's or Guardian's Signature \_\_\_\_\_