



3535 Adkisson Drive • PO Box 3570 • Cleveland, TN 37320-3570
 (423) 472-7141 • (800) 604-2722
 Fax (423) 478-6255 • www.clevelandstatecc.edu

Cleveland State Community College Release/Hold Harmless Agreement

Release executed by (full name and address of individual):

To (Institution):

Cleveland State Community College
 3535 Adkisson Drive • PO Box 3570
 Cleveland, TN 37320-3570

I voluntarily participate in (Activity):

sponsored/organized through (Institutions):

to be conducted during the:

The specific activity I will Participate in:

I have full knowledge of the risks involved in this activity, which include, but are not limited to:

I further understand that serious accidents occasionally sustain mortal or serious personal injuries and/or property damage as a result of participation in this activity.

I assure officials of the Institution that there are no health-related reasons or problems which preclude or restrict my participation in this activity.

I understand and agree that the Institution does not have medical personnel available at the location of this activity. I understand and agree that the Institution's employees and students are granted permission to authorize emergency medical treatment, if necessary, and that this action shall be subject to this agreement. I understand and agree that this Institution and its employees and students assume no responsibility for any injury or damage which might arise out of or in connection with any authorized emergency medical treatment.

I assure officials of the Institution that I have adequate health insurance and/or finances necessary to provide for the pay of any medical cost that may directly or indirectly result from my participation in this activity and that I will indemnify and hold the Institution harmless.

To the extent permitted by the law and the risk of this activity, I hereby release, waive, forever discharge, covenant not to sue and agree to hold harmless the Institution, including its governing board, its officers, agents, employees, and the students from any liability whatsoever arising out of my participating in this activity, or transit to or from this activity, including but not limited to medical bills, court costs, and attorneys' fees, any damage to my property or the property of others and injury to me or others, including loss of limb or life, resulting from my negligence or that of others through my participation in this activity.

It is my express intent that this release and hold harmless agreement shall bind the members of my family and my spouse, if I have one, if I am alive, and my estate, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the Institution. I further agree to save and hold harmless, indemnify and defend the Institution from any claim by me, or my family, arising from my participation in this activity.

I further agree that this agreement shall be construed in accordance with the laws of the State of Tennessee. If any term or revision 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.

If the Student/Participation is less than eighteen (18) years of age, this Release must also be signed by the parent/legal guardian of the Student/Participant.

In this consideration of my participation in this activity, I execute this document with full knowledge of the contents and consequences stated in this release.

In Witness Whereof, I have executed this release on _____ (date).

THIS IS A RELEASE. READ BEFORE SIGNING. This form must be printed and signed prior to serving hours.

WITNESS	STUDENT PARTICIPANT
----------------	----------------------------

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____