IMPORTANT LEGAL DOCUMENT –PLEASE READ CAREFULLY

STUDENT TRIP/PARTICIPATION WAIVER AND RELEASE

The undersigned intends, on a completely voluntary basis, to participate in a

_____ **sponsored by** _____**in**
(Name of event) **(club/organization)**

_____ **to** _____ **from**
(Location) **(Purpose of Trip)**

_____ **until** _____.
(Date Leaving) **(Date Returning)**

In consideration of and in return for the services, facilities, and the other assistance provided to me by Cleveland State Community College (or "the Institution"), its officers, agents and/or employees, I release Cleveland State Community College, its officers, agents and/or employees from any and all liability, claims, and actions that may arise from injury or harm to me, from my death, or damage to my property in connection with this activity, regardless of the location where such loss or injury occurred except for those claims that are cognizable in the Tennessee Claims Commission and subject to the limitations established under the Tennessee Claims Commission Act. I hereby agree to release and waive all rights to file causes of action in any forum established in any foreign nation, state, county or municipal court other than the Tennessee Claims Commission and subject to the limitations applicable under the Tennessee Claims Commission Act, as against Cleveland State Community College, its officers. agents and/or employees. I understand that this Release covers liability claims and actions caused entirely or in part by any acts or failures to act, including but not limited to negligence, mistake, or failure to supervise.

I grant the Institution its officers, agents and/or employees permission to summon and authorize emergency medical treatment, if deemed necessary by the Institution its officers, agents and/or employees while on College sponsored, funded or affiliated travel. I agree that neither the Institution its officers, agents and/or employees assume no responsibility or liability for any injury or damage which might arise out of or in connection with such authorized medical emergency treatment. I further state that I have adequate health insurance necessary to provide for and pay for any medical costs that I may incur during or arising from my participation in this activity.

I recognize that this Release means I am giving up, among other things, certain rights to sue the Institution its officers, agents and/or employees for injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, as well as myself.

I have read this entire Release; I fully understand it; and I agree to be legally bound by it. I acknowledge receipt of a copy of this release and waiver.

_____ Date: _____
Signature

_____ Telephone: _____
Print Name

Parent or Guardian if Under Age 18.

_____ Date: _____
Signature

_____
Print Name