



## Waiver/Release of Liability Agreement

Division of Student Affairs

www.columbiastate.edu

(931) 540-2570

StudentAffairs@ColumbiaState.edu

I, \_\_\_\_\_, A# \_\_\_\_\_ have decided to voluntarily participate in the \_\_\_\_\_ to be held at \_\_\_\_\_, 20\_\_\_\_. I hereby acknowledge that participating this event is a privilege and while participating in this activity, I will abide by all local, state, and federal laws as well as all policies, rules and regulations of Columbia State Community College and the host location.

I fully understand and appreciate the dangers, hazards, and the risks inherent in the activity, in the transportation to and from the activity, and in any frolic, junket, independent excursion or task I undertake as an adjunct to the activity, which dangers include but are not limited to personal injuries, liabilities, and or property damage. I further understand that serious accidents may occur during this type of activity and that participants in the activity may sustain mortal or serious personal injuries and/or property damage as a result of participating in this activity. I have reached the age of majority, and I am competent to make this decision for myself, or, if I am a minor, I have obtained the permission of a parent or legal guardian. I hereby agree to assume and expressly accept any and all risks, including injury or death.

I am not suffering from any medical condition that would prevent my safe participation in any of the activities involved in this competition/event/activity in which I will be involved during the trip or that would prevent my participation of these activities. I will use care for my own safety and well-being. I have not been advised by a physician or any other health care provider to limit my travel or activities. I have either had a physical examination or been given a physician's permission to participate, or I have decided to participate in these activities without the approval of a physician. I assume all responsibility for my participation in the competition and related activities.

I assure officials of the institution 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 that I will indemnify and hold the institution harmless.

To the extent permitted by law and knowing the risks of this activity, I hereby release, waive, forever discharge, covenant not to sue and agree to hold harmless the institution, including its governing board, officers, agents, employees and students 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 to others, including loss of limb or life, resulting from my negligence or the negligence of others, or to others through my participation in this activity. This release will also prevent my family from suing releases' and binds my spouse, if I have one, my estate, siblings, parents, heirs and assigns.

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

In witness thereof, I have executed this release on \_\_\_\_\_ .  
(Date)

**This is a Release of Legal Rights. Read and be certain you understand it before signing.**

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Student signature or signature of parent/guardian  
if student is under 18 years old



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**Participant Must Complete**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Address \_\_\_\_\_ Cell phone \_\_\_\_\_

\_\_\_\_\_ Home phone \_\_\_\_\_

Name of Event \_\_\_\_\_

Date of Event \_\_\_\_\_ City and State of Event \_\_\_\_\_

**I agree to all of the expectations below:**

- I will attend all activities or conference workshops & sessions.
- I will arrive at all activities and/or workshops & sessions on-time.
- I will wear appropriate attire at the event.
- I will abide by all local, state, and federal laws.
- I will abide by all Tennessee Board of Regents and Columbia State Community College policies and procedures.
- I will complete and sign the Liability Release/Hold Harmless Agreement.
- I will not consume alcohol or drugs at the activity.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

Waiver/Release of Liability Agreement  
To drive/Ride in Personal Vehicle

The undersigned desires to participate in an activity/trip\_\_\_\_\_ and related activities being offered by the State of Tennessee, including its subsidiaries, the Tennessee Collaborative Academy, The Tennessee Board of Regents (TBR), the University of Tennessee (UT), the Tennessee Department of Education, and Columbia State Community College (CSCC). The undersigned assumes all responsibility and risks related to or in any way connected with this trip and related activities, including the transportation of the individual and any other passengers to and from the activity/trip.

In consideration of the opportunity to participate in said activity/trip, the undersigned does for himself, his heirs, executors, successors, and assigns release, waive, discharge and covenant not to sue the State of Tennessee or its subsidiaries, the Tennessee Collaborative Academy, TBR, UT, the Department of Education, and CSCC, their employees, agents, successors, and assigns of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation arising out of, on account of, related to or in any way connected with the undersigned(s) use of a personal vehicle and participation in this trip and related activities including the transportation of the individual and any other passengers to and from the activity or trip.

The undersigned agrees to all Rules and Regulations set forth by the State of Tennessee, Columbia State Community College, and as may be appropriate, the Tennessee Collaborative Academy.

**IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT** I have read the foregoing Liability Release/Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release fully intending to be bound by same.

**IN WITNESS WHEREOF, I have executed this release** \_\_\_\_\_  
(Date)

\_\_\_\_\_  
**Print Name of Witness**

\_\_\_\_\_  
**Print Name of Student**

\_\_\_\_\_  
**Witness signature**

\_\_\_\_\_  
**Student signature**