MTSU Campus Recreation
Children's Program
Waiver/Release and Authorization to seek Medical Assistance

I, the undersigned, minor and parent/guardian hereby voluntarily expressly and affirmatively execute this agreement in return for permission for _____(Participant) to participate in _____(Activity). I recognize that there are many risks of injury, including serious disabling injuries, that may arise due to participation in this activity and that is not possible to specifically list each and every individual risk. However, knowing the material risks and appreciating other injuries and even death are a possibility, I hereby voluntarily and expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of death, which could occur by reason of participation.

If my child, _____, born _____, becomes ill or involved in an accident and I or another adult whom I have authorized in writing to act in my absence cannot be contacted immediately (whether due to unavailability or the need for immediate action under the circumstances). I authorize Middle Tennessee State University to seek any necessary treatment and authorize the treating hospital/physician to provide my child any emergency medical treatment they deem necessary or appropriate (including anesthesia). I accept full responsibility for any expenses incurred in the medical treatment of my child, to the extent such expenses are not covered by the following:

Health Insurance Company: _____

Policy Number: _____

Medicaid Number: _____

Child's known allergies or physical conditions: _____

_____

_____

_____

I, hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Middle Tennessee State University, the Board of Regents of the State of Tennessee, their officers, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and damage, or injury, including death, that may be sustained by me, or which may result from emergency medical treatment sought as a result of said participation in this activity. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or cost, including medical bills, court costs and attorneys' fees, that may occur due to participation in said activity, WHETHER CAUSED BY NEGLIGENCE RELEASEES or otherwise. I subjectively understand the risks of my child's participation in this activity, and knowing and appreciating these risks of my participation. I, the participant's parent/guardian further state that I am the participant's ____Parent/ ____Guardian (Please check one), and am fully competent to sign this agreement. I expressly intend for myself, for the Participant, and for Participant's family, estate, heirs, administrators, personal representative, or assigns to be bound by this document, and it shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. The document shall remain in effect for each and every time I participate in the activities listed herein. This release shall be constructed in accordance with the laws of the state of Tennessee.

We have had an opportunity to ask questions, and the questions asked have been satisfactorily answered.

_____	_____	_____
Parent/Guardian of Participating Minor	Home Phone	Cell/Work Phone
_____	_____	
Minor Participant	Today's Date	
_____	_____	_____
Alternate contact if Parent/Guardian cannot be contacted.	Home Phone	Cell/Work Phone