

Release/Hold Harmless Agreement
Department of Architecture – The University of Memphis

NAME: _____ U#: _____

The University of Memphis (hereinafter referred to as the "University") Department of Architecture offers an opportunity for students to undertake course projects and activities off campus (hereinafter referred to as the "Activity") during the current academic year. Said Activity may be within Tennessee, including local, or out of state.

I understand and acknowledge this and I therefore agree to the following.

1. I PROMISE NOT TO SUE THE UNIVERSITY, THE TENNESSEE HIGHER EDUCATION COMMISSION (THEC), AND/OR THEIR OFFICERS OR EMPLOYEES FOR ANY INJURIES OCCURRING WHILE I AM PARTICIPATING IN THIS ACTIVITY:

In consideration for participation in the Activity, I release and covenant not to sue the University, THEC, and/or their officers or employees (all hereinafter referred to as "Releasees") from all claims related to any loss that may be sustained by me. Such loss shall include but not be limited to 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.

2. I AM AWARE OF THE RISKS OF CHOOSING TO PARTICIPATE IN THIS ACTIVITY, AND I ACCEPT RESPONSIBILITY FOR THESE RISKS:

The Activity has been explained to me, including the risks involved in participating, and I understand these risks. These risks include, but are not limited to death and/or physical injury, resulting from any vehicular accident during the Activity, including trips to and from any locales and travel while involved in the Activity. Moreover, I acknowledge and understand that this Activity may pose risks associated with criminal activity of which I may be a victim, including, but not limited to, assault, battery, and robbery. I voluntarily choose to participate in the Activity. I voluntarily assume full responsibility for any risks of loss, property damage, personal injury, including death that may be sustained by me as a result of my participation in the Activity, whether caused by the negligence of the Releasees or otherwise.

3. I WILL REIMBURSE RELEASEES FOR ANY COSTS THEY INCUR BECAUSE OF MY PARTICIPATION IN THIS ACTIVITY:

I agree to indemnify the Releasees for any loss of costs, including medical bills, court costs and attorney's fees, that they may incur due to my participation in the Activity, whether this loss is a result of the negligence of Releasees or otherwise.

4. THIS AGREEMENT WILL ALSO PREVENT MY FAMILY OR OTHER REPRESENTATIVES FROM SUING RELEASEES:

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 consent not to sue regarding any claims these parties may have against Releasees relating to my participation in the Activity, whether these claims arise out of the negligence of Releasees or otherwise.

5. IN THE EVENT THAT ANY PROVISION IN THIS AGREEMENT IS DEEMED TO BE UNENFORCEABLE, THE REMAINING PROVISIONS SHALL CONTINUE IN FULL FORCE AND EFFECT. THIS AGREEMENT SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF TENNESSEE.

6. I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT.

Signature of Participant

Date

Witnessed By:

Signature of Witness

Date

Faculty Instructions: Submit the original signed form to the Administrative Associate of the Department of Architecture for retention in the files. Retain a copy in your course files.

Medication Release Form
Department of Architecture – The University of Memphis

NAME: _____ U#: _____

I hereby certify by affixing my signature hereto that:

_____ I am not taking any prescription medication.

_____ I am taking prescription medicine and I have advised the appropriate faculty member in writing of this and I further certify I have adequate medication with me for the anticipated duration of the Activity. I further understand this information is requested for the sole purpose of ensuring the health, safety, and welfare of participants and will remain confidential.

Signature of Participant

Date

Prescription Medicine: _____

EMERGENCY CONTACT INFORMATION

Name: _____ (relationship: _____)

Telephone: _____

Faculty Instructions: *This is only necessary for out-of-town activities.* Submit the original signed form to the Administrative Associate of the Department of Architecture for retention in the files. Retain a copy in your course files.