

The University of Memphis (hereinafter referred to as "University"), through its Office of Admissions will allow me to participate in the Concurrent Enrollment Program. I fully recognize that there are dangers and risks to which I may be exposed by participating in the Concurrent Enrollment Program. I understand and acknowledge that my participation in this event is voluntary.

**1. I PROMISE NOT TO SUE THE UNIVERSITY AND/OR THEIR OFFICERS OR EMPLOYEES FOR ANY INJURIES OCCURRING WHILE I AM PARTICIPATING IN THIS ACTIVITY.**

In consideration for receiving permission to participate in this event, I release and covenant not to sue University 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, including, but not 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 Activity. I understand that this Release covers liability claims and actions caused entirely or in part by any acts or failures to act of the University, including but not limited to negligence, mistake, or failure to supervise by the Institution.

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

This event has been explained to me, including the risks involved in participating, and I understand these risks. These risks include, but are not limited to, loss of the items I will be displaying as well as any other injuries sustained by me during the event. I voluntarily choose to participate in the event and 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 this event, whether caused by the negligence of the Releasees or otherwise. I understand that Institution does not have medical personnel available at the location of the activity. I therefore grant University permission to authorize emergency medical treatment, if deemed necessary by the University. I agree that University assumes 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.

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

I agree to indemnify the Releasees for any loss of costs, including medical bills, court costs and attorneys' fees, that they may incur due to my participation in this event, 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 this event, 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 WITHOUT REGARD TO ITS CONFLICT OF LAWS.**

I have read this entire Release; I fully understand it; and I agree to be legally bound by it.

This is a Release of Your Rights. Read Carefully Before Signing.

PARTICIPANT SIGNATURE	Print Name	Date	Date of Birth
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PARENT OR GUARDIAN SIGNATURE	Print Name	Date
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