

# HOLD HARMLESS RELEASE FORM

Roane State Boy Scout Merit Badge College



(1) I PROMISE NOT TO SUE ROANE STATE COMMUNITY COLLEGE FOR ANY INJURIES OCCURRING WHILE I AM PARTICIPATING IN THIS ACTIVITY:

In consideration for receiving permission to participate in the Roane State Merit Badge College, (here-in-after referred to as "activity") I release and covenant not to sue Roane State Community College, the Board of Regents of the State University and Community College System of Tennessee, the State of Tennessee, and all employees and agents of these parties (hereinafter referred to as "releasees") from all claims related to any loss that may be sustained by me, including loss of life, or to any property belonging to me, whether caused by the negligence of the releasees or otherwise, (except those tort claims, arising out of the Claims Commission Act, T.C.A. 9-8-307 et. seq., which allow certain negligence claims arising out of acts by a state employee) while participating in this activity, or while on the premises where this activity is being conducted.

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

The activity has been explained to me and I voluntarily choose to participate in this activity. I voluntarily assume full responsibility for any risks or loss, property damage or personal injury, including death that may be sustained by me as a result of participating in this activity whether caused by the negligence of the releasees or otherwise.

(3) I WILL REIMBURSE ROANE STATE COMMUNITY COLLEGE FOR ANY COSTS THEY INCUR BECAUSE OF MY PARTICIPATION IN THIS ACTIVITY:

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

(4) THIS AGREEMENT WILL ALSO PREVENT MY FAMILY FROM SUING ROANE STATE COMMUNITY COLLEGE:

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 activity, whether these claims arise out of the negligence of the releasees or otherwise.

(5) This Agreement shall be construed in accordance with the laws of the State of Tennessee.

Check one:  Auto Maintenance  Climbing  Crime Prevention  Metalwork

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In signing this Agreement, I acknowledge that I have read it and understand it, and that I sign it voluntarily.

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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If under eighteen (18) years of age, signature of parent or legal guardian required.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date