

University of Tennessee at Martin

5K Race, September 23

5K Race Assumption of Risk Form

Last Name _____

First Name _____

Local Address _____

Permanent Address _____

Phone _____

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. THIS RELEASES THE UNIVERSITY OF TENNESSEE AT MARTIN, STAFF, AND VOLUNTEERS, FROM LIABILITY RESULTING FROM PARTICIPATION IN THE 5K RUN AND/OR RELATED ACTIVITIES.

RELEASE AND ASSUMPTION OF RISK: The undersigned hereby acknowledges that he/she understands the participation in the above stated event (hereafter referred to as Family Fun 5K Race) activities at the University of Tennessee at Martin is purely voluntary and is not part of the academic curriculum of the University. In consideration on the University of Tennessee at Martin and the city of Martin making any equipment and or facilities available for the 5K Race and/or the undersigned while participating in any such activities, the undersigned, including anyone entitled to act on his/her behalf, hereby releases, and agrees to indemnify and save harmless, the University of Tennessee at Martin, its successors, assignees, Trustees, officers, agents, employees, and SHAPE CLUB, from any and all claims, demands and causes of action whatsoever in anyway growing out of or resulting from the undersigned student's participation in the activities of said 5K Race. **All physical activities involve substantial risks of bodily injury and other dangers associated with participation in this activity.** Dangers normally associated with physical activities, such as 5K Races, include but are not limited to: INJURY OR DEATH WHILE PARTICIPATING IN PHYSICAL ACTIVITIES, STRAINED OR PULLED MUSCLES, TORN LIGAMENTS TO KNEES OR ANKLES, TWISTED KNEES OR ANKLES, BRUISED SKIN AND ABRASIONS. *It is expressly understood by the undersigned that he or she is solely responsible for any and all costs arising out of any bodily injury sustained through participation in the UTM Family Fun 5K Race.* I HAVE READ CAREFULLY AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS AND AGREE TO BE BOUND THEREBY. **I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT THAT I AM SIGNING OF MY OWN FREE WILL.**

Applicant _____

Date _____

In case of Emergency Contact:

Name _____

Relationship _____

Address _____

City _____

State _____

Phone _____

Signature _____

Date _____

If participant is a minor (under 18 years of age), a parent or guardian must also sign this form.

Parent or Guardian's Signature _____

Printed Name: _____

Date: _____