

University of Tennessee Health Science Center  
Campus Recreation/Fitness Center

DATE: \_\_\_\_\_

*Please Print*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT &PH: \_\_\_\_\_

Release: I know and understand that the UTHSC Pedal Pushing Campus Police bike ride is an outdoor biking event that carries significant risk of serious personal injury, death and/or property damage. I also know that while participating in the UTHSC Pedal Pushing Campus Police event, I will be exposed to natural, mechanical, and environmental conditions and risks which independently or in any combination with my activities and those of others may cause bodily injury and/ or property damage, including but not limited to severe or fatal injury to myself or others. I understand that although precautions are taken to provide organization, supervision, and instruction, I am responsible for my own safety. I am aware that there are certain risks involved when I participate in recreational activities and I my knowingly and willingly assume those risks. I understand UTHSC does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this Release. In consideration of and in return for the services, facilities, and the other assistance provided to me by UTHSC in this activity, I release UTHSC (hereinafter including its governing board, employees, and agents) from any and all liability, claims, and actions that may arise from injury or harm to me, from my death, or damage to my property in connection with this activity. I understand that this Release covers liability claims and actions caused entirely or in part by the acts or failures to act of the Institution, including but not limited to negligence, mistake, or failure to supervise by the Institution. I accept responsibility to verify that I have no physical or psychological conditions that would prohibit my participation in Campus Recreation/Fitness Center programs. I understand that UTHSC does not have medical personnel available at the location of the activity. I therefore grant UTHSC permission to authorize emergency medical treatment, if deemed necessary by UTHSC. I agree that UTHSC 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. I will abide by all posted rules and regulations. I recognize that this Release means I am giving up, among other things, rights to sue UTHSC for injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, as well as myself. I have read this entire Release; I fully understand it; and I agree to be legally bound by it.

\_\_\_\_\_  
SIGNATURE/DATE

\_\_\_\_\_  
UTHSC Campus Recreation/Fitness Center  
REPRESENTATIVE/DATE

\_\_\_\_\_  
Parent/Guardian signature for Minor

For Office Use Only:

Receipt # \_\_\_\_\_, Amount \$ \_\_\_\_\_, Cashier \_\_\_\_\_, Session # \_\_\_\_\_