Assumption of Risk and Release of Liability Agreement

This is a legally-binding Assumption of Risk and Release of Liability Agreement made by me, _____________________________ (name of participant), to Mid-America Baptist Theological Seminary ("MABTS") on this day _______________________________ 20______.

I make this Agreement in consideration of being permitted by MABTS to participate in the intramural sport activities sponsored by MABTS as well as using the gym and fitness equipment. I understand that these activities will include but not be limited to the following activities:

• Gym Usage
• Fitness Equipment
• Flag Football
• Basketball
• Soccer
• Softball
• Golf
• Table Tennis

I understand that the seminary does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks involved.

I affirm that with or without reasonable accommodation of any disabilities I may have, I am physically capable of participating in the activities described above and that I have the basic skills necessary to participate in them. I further affirm that my participation will not pose any unreasonable risk to my health and safety or the health and safety of others.

I recognize that there are risks and hazards directly or inherently involved, making these and related activities potentially dangerous. With full knowledge of the facts and circumstances surrounding these activities, I voluntarily agree to assume all the risks and responsibilities of my participation in them, including all risk of loss of limb or life, property damage, or injury to others.

I, on behalf of myself, my family, heirs and legal representatives release, waive, and forever discharge MABTS, its agents, employees, officers, and governing board from and against any and all liability, claims and actions that may arise from injury or harm to me, from my death or from damage to my property in connection with these activities. I understand that this release covers liability, claims and actions caused entirely or in part by any acts or failures to act of MABTS (or its governing board, employees or agents).

I further agree to indemnify MABTS for any damage or cost it may incur due to my participation in the activities described above.

I grant permission for MABTS, its agents or employees to obtain necessary medical attention in case of my sickness or injury. I consent to any necessary medical examination or treatment and agree to be responsible for costs of such medical services. The attached medical form accurately reflects all requested information.

I agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee, and that if any portion of this Agreement is held invalid, any such findings shall not affect the validity of the remaining provisions which shall remain in full force and effect.

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

__________________________  ________________________
Participant's Signature        Date
Medical Emergency Form

Name ___________________________ Student ID # ___________________________

Phone # __________________________

Street Address __________________________

City/State/Zip __________________________

Date of Birth __________________________

Physician ___________________________ Phone __________________________

Allergies __________________________

List current prescription medications you are taking and/or any medical conditions that a treating physician should be aware of: __________________________

Health Insurance Company __________________________

Address __________________________

Policy Number __________________________

In Case of an emergency, please contact:
Name __________________________
Relationship __________________________
Contact # __________________________