Jackson State Community College
RELEASE/HOLD HARMLESS AGREEMENT

- Release executed by: ____________________________ (full name of individual)
  who resides at: _________________________________________________________________
  to Jackson State Community College, Jackson, TN.

- I voluntarily participate in: _________________________________________________
  (activity)
  to be held on: _______________________________________________________________
  (date/s of activity).

- I have full knowledge of the risks involved in this activity, which include but are not limited to:
  _________________________________________________________________
  (describe risks).

- I fully understand and appreciate the dangers, hazards, and risks inherent in this activity, in the transportation
to and from the activity, and understand that these risks could also include serious or even mortal injuries and property
damage.

- I understand and agree that the institution does not have medical personnel available at the location of this activity. I
understand and agree that the Institution and its employees and students assume no responsibility for any injury or damage which might arise out of
or in connection with authorized emergency medical treatment.

- To the extent permitted by law and knowing the risks of this activity, I hereby release, waive, forever discharge, and covenant
not to sue and agree to hold harmless the institution, its governing board, officers, agents, employees, and any students from
and against any and all liability for harm, injury damage, claims, demands, actions, causes of action, costs and expenses of any
nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but
not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the
negligence or carelessness of myself or others, or otherwise, while in, on, upon, or in transit to or from the premises where the
activity, or any adjunct to the activity, occurs or is being conducted.

- It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am
alive, and my estate, family, heirs, administrators, personal representative, or assigns, if I am deceased, and shall be deemed
as a “Release, Waiver, Discharge and Covenant” not to sue the Institution or its representatives. I further agree to save and
hold harmless, indemnify, and defend the Institution from any claim by me, or by my family, arising out of my participation in this
activity.

- In signing this release, I acknowledge and represent that I have fully informed myself of the content of the foregoing waiver of
liability and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act
and deed: no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I
understand that the Institution does not require me to participate in this activity, but I want to do so, despite the possible dangers
and risks despite this release. I further state that I am at least eighteen (18) years of age and fully competent to sign this
agreement; and that I execute this release in full, adequate, and complete consideration fully intending to be bound by the
same.

- I further agree that this release shall be construed in accordance with the laws of the State of Tennessee. If any term or
provision of this release shall be held illegal, unenforceable, or in conflict with any law governing this release, the validity of the
remaining portions shall not be affected.

IN WITNESS WHEREOF, I have executed this release this ____________________________ day of ____________________________, 2 ____________.

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Student/Participant: ____________________________ Witness: ____________________________

_____________________________  ______________________________
(Signature)                  (Signature)

_____________________________  ______________________________
(Printed Name)                (Printed Name)