Recognition and Assumption of Risk Agreement

I, the undersigned, understand that participation in the activities that make up the Association of Southern Forestry Clubs annual Conclave at the University of Tennessee involves some inherent risk of injury. As such, in consideration of my participation in the annual Conclave at the University of Tennessee, I hereby release, waive, discharge, and covenant not to sue the Clyde York Center, the Association of Southern Forestry Clubs, the Department of Forestry, Wildlife and Fisheries, the University of Tennessee, the University of Tennessee system, the State of Tennessee, their officers, servants, agents, or employees from any and all liability, claims, demands, actions, and causes whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, whether caused by the negligence of the releases, or otherwise while participating in activities, or while in, on, or upon the premises where the activity is being conducted. Furthermore, I give the University of Tennessee permission to transport me by bus or van to an off-site facility.

I also agree to follow all instructions and procedures in order to maintain a maximum level of safety. I also understand that a medical insurance policy carried by the University of Tennessee, if any, will provide only minimum coverage and that I am responsible for ensuring that I have adequate medical coverage in the event of a serious accident.

I also give permission for any emergency medical care or treatment by a physician, surgeon, hospital, paramedic, or medical care facility that may be required, and accept responsibility for the cost.

I hereby state that I am 18 years of age or older, and agree to the assumption of risk as outlined above.

Signature of Participant

Date

I am the parent or legal guardian of a participant who is under the age of 18, and agree to the assumption of risk as outlined above.

Signature of Parent or Guardian if participant is under the age of 18