

PLEASE COMPLETE BOTH SIDES OF THIS DOCUMENT. SIGN AT ALL Xs.

## ADULT CONSENT, REPRESENTATION, RELEASE AND INDEMNIFICATION AGREEMENT

X

**PARTICIPANT:** \_\_\_\_\_  
Name (last name first - please print or type)

I am the above-named participant and I am fully competent to sign this Agreement.

I fully recognize that there are dangers and risks to which I may be exposed while participating in \_\_\_\_\_ (workshop title) on Tennessee Tech University's Appalachian Center for Craft campus in Smithville, TN. I acknowledge that the activity may expose me to hazards or risks that may result in my illness, personal injury or death. I understand and appreciate the nature of such hazards and risks, including but not limited to:

- Hazardous chemicals that, if misused, could result in skin, eye, and/or lung irritation or damage.
- Sharp tools, equipment, and accessories for machinery that, if misused, may result in punctures, cuts, and/or abrasions.
- Equipment and machinery that, if misused, have the potential to cause electric shock.
- Equipment and machinery that, if safety precautions are not followed, could result in bruises, abrasions, or other injury (including entanglement in gears, belts, or hoses).
- Extreme heat form materials, tools, and equipment that, if not handled correctly, could result in burns or other damage to skin.
- Material (such as wood, metal, and glass) that may result in splinters, cuts, or shards imbedding in skin or clothing.
- Steep and uneven terrain that are potential trip, slip, or fall hazards.
- Insect and/or reptiles that may bite or sting.

In consideration of and in return for the services, facilities, and the other assistance provided to me by Tennessee Tech University in this activity, I, on behalf of myself, my executors, administrators and all others, release Tennessee Tech University including its governing board, employees, and agents from any and all liability, claims and actions that may arise from injury or harm to me 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 any acts or failures to act of Tennessee Tech University, including but not limited to negligence, mistake, or failure to supervise by Tennessee Tech University. I also agree to indemnify Tennessee Tech University for any liability, including attorney's fees, for injury or death of any person and damage to property caused by my negligent or intentional act or omission

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCUR WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY TENNESSEE TECH UNIVERSITY FOR ANY LIABILITY (INCLUDING ATTORNEY'S FEES) FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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**Office of Communications & Marketing**

Box 5056 • Cookeville, TN 38505-0001 • (931) 372-3214 • Fax (931) 372-6138  
www.tntech.edu/univadv/ocm

**Consent**

Intending to be legally bound, I do hereby irrevocably consent to and authorize Tennessee Technological University, its officers, employees and agents, (the "University") to use existing photographs, photograph, video tape, record, publish, re-publish, broadcast, re-broadcast, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or reuse my name, image/likeness or voice in any media or technology now known or hereafter developed in connection with any product or service or promotional or informational campaign undertaken by the University in all markets as long as there is no intent to use the image, voice and/or likeness in a disparaging manner. University may exercise any of these rights itself or through any successors, transferees, licensees, distributors or other parties, commercial or non-profit.

Please indicate your agreement to the foregoing by signing below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

*If you are under eighteen (18) years of age, your parent or guardian must sign below:*

I represent that I am a parent/guardian of the minor who has signed the above release and that in that capacity University has my consent and authorization to use the name, voice and/or likeness as described above.

Name of Minor: \_\_\_\_\_

Parent/Guardian:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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**Appalachian Center for Craft**

TENNESSEE TECH

1560 Craft Center Drive, Smithville, Tennessee, 37166  
(931) 372-6883 • [www.tntech.edu/craftcenter/workshops](http://www.tntech.edu/craftcenter/workshops)

**EMERGENCY INFORMATION FORM**

*Please bring this completed form with you when you check in!*

Name: \_\_\_\_\_

Workshop Title: \_\_\_\_\_

Workshop Dates: \_\_\_\_\_

**Vehicle information (the car that you drove here)**

Make: \_\_\_\_\_ (Toyota, Chrysler, Ford, etc)

Model: \_\_\_\_\_ (Camry, F-150, Cherokee)

Color: \_\_\_\_\_

License Plate: \_\_\_\_\_

State: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Evening Telephone Number: \_\_\_\_\_