

# National Student Exchange

## WAIVER & ASSUMPTION OF RISK 2023-2024

### MIDDLE TENNESSEE STATE UNIVERSITY

#### CONTACT INFORMATION

NAME: \_\_\_\_\_  
Last First MI

MTSU M#: \_\_\_\_\_ MTSU EMAIL: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
Street/MTSU PO Box Number

\_\_\_\_\_  
City, State/Province, Zip/Postal Code

PHONE NUMBER : \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NSE PLACEMENT: \_\_\_\_\_

DATE/ACTIVITY OF PROGRAM: \_\_\_\_\_

In consideration of my (self/child) being permitted to participate in the voluntary program/activity named above and offered by Middle Tennessee State University (hereinafter "the University"), I hereby certify that I understand and agree with the following terms of my (self/child's) participation in the program and I do hereby collectively and individually release, waive, and discharge the University, its board of Trustees, and NSE and their respective officers, employees, agents, representatives, volunteers, and staff (collectively, "Releasees") from liability and assume the risk and financial responsibility as follows:

1. Participation in this event carries with it certain risks that cannot be eliminated regardless of care taken to avoid injuries. I understand and appreciate these and other risks inherent in the event. I hereby assert that my participation is voluntary.
2. I declare that I am prepared to participate in this event and am not suffering from any medical condition, impairment or disease that would prevent my safe participation in the event, with or without reasonable accommodation. I have not been advised by a physician or other health care provider to limit participation in activities such as this event . The University does not provide life insurance or medical coverage and/or benefits during this activity/program. I am responsible for any resulting injuries or damages arising from my participation in the event. I am also responsible for my own medical needs during the course of this program, and I will hold and appropriately use any over-the-counter or prescription drugs I may hold, purchase or otherwise deem necessary during the program. I acknowledge that the University is not responsible for my medical needs or any medical treatment of any kind or for any expenses related thereto . My emergency contact is:

Name: \_\_\_\_\_ Relationship to Self: \_\_\_\_\_

Phone Number(s): (Work, Home, Cell) \_\_\_\_\_

3. I acknowledge that I am responsible for and will abide by the University's Student Conduct policy. I agree to conduct myself in a manner that will comply with the policies, rules, and regulations of the University. I understand that illegal or otherwise inappropriate behavior may subject me to the University student conduct process upon my return.
4. I expressly understand and agree to indemnify, save, and hold harmless the University, its Board of Trustees, officers, employees, agents, representatives, volunteers, and staff from any and all liability, claims, demands, actions and causes of action arising out of or related to any loss, damage, or injury, while participating in this program, either while at the location, or while in transit to or from the site, or in any place or places reasonably connected with the program.
5. I authorize the University to photograph, film, 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 media or technology now known or hereafter developed in connection with any product or service in any campaign or promotion in all markets as long as there is no intent to use the image, voice and/or likeness in a disparaging manner. I understand that I will receive no compensation for this agreement. I hereby assign any copyright or other proprietary interest that I might assert in my participation in the event to the University. The University may exercise any of these rights itself or through any successors, transferees, licensees, distributors or other parties, commercial or non-profit.
6. It is my express intent that this Waiver shall bind me, the members of my family, my heirs, assigns, and personal representatives, and shall be deemed as a release, waiver, discharge, and covenant not to sue the University.

By signing this waiver, I affirm that:

- ⇒ I have carefully read this document, I understand its terms, and I sign it freely and voluntarily;
- ⇒ I may elect not to participate in this event even after signing this document;
- ⇒ My participation in this event is voluntary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student/Participant)

Print name: \_\_\_\_\_

If the above signed is not of legal age (18 years) at the date of signing, this form must also be signed by the participant's parent or legal guardian below.

*As the parent or legal guardian of the participant whose signature appears above, I have read and understand the conditions outlined above, have given my child or ward permission to participate in the program, and agree to be bound by the conditions outlined above as if I myself had signed above.*

QUESTIONS?

Email: [nse@mtsu.edu](mailto:nse@mtsu.edu)

Visit: [mtsu.edu/nse](http://mtsu.edu/nse)

Call: 615.494.7874