

**RELEASE OF LIABILITY**

**READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS**

In exchange for participation in the activity of MSLAN Events organized by Jonathan Carson ("Jonathan C"), of 1620 Fernwood circle, Chattanooga, Tennessee, 37421 and/or use of the property, facilities and services of Jonathan C, I agree for myself and (if applicable ) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Jonathan C, or the employees, representatives or agents of Jonathan C.
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Jonathan C for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Jonathan C, whether caused by the fault of myself, my family, Jonathan C or other third parties.
3. I agree to indemnify and defend Jonathan C against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Jonathan C.
4. I agree to pay for all damages to the facilities of Jonathan C caused by my or my family's negligent, reckless, or willful actions.
5. I consent to the participation of my \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ in MSLAN Events, and agree on behalf of the above minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of \_\_\_\_\_.
6. In the event of an injury to the above minor during the above described activities, I give my permission to Jonathan C or to the employees, representatives or agents of Jonathan C to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin on \_\_\_\_\_ and will remain in effect until terminated in writing by the undersigned or when the above described activities are completed. Jonathan C shall have the following powers:
  - a. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital;

b. The power to authorize medical treatment or medical procedures in an emergency situation;  
and

c. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter.

7. Any legal or equitable claim that may arise from participation in the above shall be resolved under Tennessee law.

**I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARY SURRENDER CERTAIN LEGAL RIGHTS.**

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

In case of an emergency, please call \_\_\_\_\_ (Relationship: \_\_\_\_\_ ) at  
\_\_\_\_\_ Ext. \_\_\_\_\_ (Day), or \_\_\_\_\_ Ext.  
\_\_\_\_\_ (Evening).

**Final Checklist for Release of Liability**  
**Released Party: Jonathan Carson**  
**Participant: \_\_\_\_\_**  
\_\_\_\_\_

**Make It Legal**

\_\_\_\_\_ The Release of Liability should be signed by \_\_\_\_\_, but it is not necessary that the signature be witnessed or notarized.

**Copies**

\_\_\_\_\_ Jonathan Carson should retain the original copy of the Release of Liability document.

\_\_\_\_\_ A copy should be given to \_\_\_\_\_ for his or her records.

**When to Consult a Lawyer**

\* A lawyer should be consulted regarding any unique issues not addressed by this program.

**Reasons to Update**

\* Change or correct a provision in the Release before it is signed.