

**University of Tennessee, Knoxville – COME SEE TENNESSEE
October 6-7, 2019**

Permission for Participation and Medical Release Form

If riding a bus, please select your pick-up location:

Memphis Jackson Nashville Chattanooga Atlanta

PLEASE PRINT CLEARLY

PARTICIPANT INFORMATION

Name: _____ Gender Identity (circle one): Female Male NA

Birthdate: _____ High School Attending: _____

Address: _____ City: _____ State: _____ Zip: _____

Student Email: _____ Student Cell #: _____

Parent/Guardian Name: _____ Parent/Guardian Cell #: _____

Parent/Guardian E-Mail: _____

NOTE: FURTHER CORRESPONDENCE REGARDING COME SEE TENNESSEE WILL BE SENT BY EMAIL.

PARTICIPANT'S MEDICAL INSURANCE/CONTACT INFORMATION (must be completed)

Participant's Family Physician: _____ Telephone #: _____

Medical (Health) Insurance Carrier: _____

Policy Number: _____ Group Number: _____

Contact person in case of emergency if parent or legal guardian cannot be reached:

Name: _____ Relationship to participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Alternate Telephone #: _____

PARTICIPANT'S MEDICAL INFORMATION (must be completed)

List any medical conditions from which the participant suffers (i.e., diabetes, heart/lung condition, chronic illness, etc.):

List any food allergies or food restrictions (i.e., vegetarian, no pork, gluten free, peanut allergy, etc.):

List any medication the participant is currently taking and frequency (prescription and OTC):

AUTHORIZATION FOR MEDICAL TREATMENT & LIABILITY RELEASE

_____ is a participant in the 2019 Come See Tennessee Overnight Visit Program sponsored by the Office of Undergraduate Admissions at The University of Tennessee on October 6-7, 2019. I _____, as the parent/legal guardian of the participant, fully understand that by signing this document I agree to the following:

I, hereby, authorize a representative of The University of Tennessee to act on my behalf and seek or provide any medical, surgical, dental or hospital treatment rendered to the participant in the case of an accident, injury or illness. I also give consent to the treatment of the participant at a certified medical facility while the participant is involved in the 2019 Come See Tennessee Overnight Visit Program.

I, hereby, agree to pay all costs and expenses incurred in connection with such medical, surgical, and dental or hospital treatment rendered to the aforementioned participant pursuant to this authorization.

I, hereby, agree that should it be necessary for the participant to return home due to medical reasons, or otherwise, the undersigned shall assume responsibility for all transportation arrangements and costs.

I, hereby, assume all risk of personal injury, sickness, death, damage and expense as a result of participation in the 2019 Come See Tennessee Overnight Visit Program. In consideration for the University allowing the participant to participate in the 2019 Come See Tennessee Overnight Visit Program, I, on behalf of myself, my spouse, and the participant, hereby release, waive, discharge, and covenant not to sue, and agree to hold harmless for any and all purposes, The University of Tennessee, and its trustees, officers, employees, and agents (the "Releasees") from any and all liabilities, claims, demands, or injuries, including death, that may be sustained by the participant in connection with the 2019 Come See Tennessee Overnight Visit Program, including injuries sustained as a result of the negligence of Releasees.

I, hereby, authorize for the participant to ride in any vehicle designated by a representative of The University of Tennessee while participating in activities for the 2019 Come See Tennessee Overnight Visit Program.

I, hereby, authorize for the student named above to be photographed during the 2019 Come See Tennessee Overnight Visit Program and I, hereby, authorize the resulting picture(s) of the participant to be used by The University of Tennessee in Undergraduate Admissions and ME4UT social media and publications.

I hereby authorize UT Admissions personnel to contact the participant's school counselor and obtain a copy of the participant's official high school transcript. This transcript will be added to the participant's official UT Knoxville admission file.

Parent/Legal Guardian Signature

Date

To attend the 2019 Come See Tennessee Overnight Visit Program, a Medical Release Form and admission application must be on file by Friday, September 20, 2019.

**Please return this form by
email, fax or mail to:**

**JaNay' Turner
University of Tennessee
Office of Undergraduate Admissions
320 Student Services Building
Knoxville, Tennessee 37996
Fax (865) 974-1182
volsdiversity@utk.edu**