

**University of Tennessee, Knoxville – JUMP**  
**March 29-30, 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 (please circle): Female Male

Birthdate: \_\_\_\_\_ High School Attending: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Telephone #: \_\_\_\_\_

Student Cell #: \_\_\_\_\_ Parent E-Mail: \_\_\_\_\_

Student E-Mail: \_\_\_\_\_

**NOTE: FURTHER CORRESPONDENCE REGARDING SNEAK PEEK 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 (prescription and OTC):

\_\_\_\_\_

**AUTHORIZATION FOR MEDICAL TREATMENT & LIABILITY RELEASE**

\_\_\_\_\_ is a participant in the 2019 JUMP Overnight Visit Program sponsored by the Office of Undergraduate Admissions at The University of Tennessee on March 29-30, 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 JUMP 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 JUMP Overnight Visit Program. In consideration for the University allowing the participant to participate in the 2019 JUMP 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 JUMP 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 JUMP Overnight Visit Program.

I, hereby, authorize for the student named above to be photographed during the 2019 JUMP 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 JUMP Overnight Visit Program, a Medical Release Form and admission application must be on file by Wednesday, March 13, 2019.***

**Please return this form to:**

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