

## Assumption of Risk, Release and Medical Power of Attorney

In consideration of being permitted to participate in Harding University Tahkodah (H.U.T.), the undersigned, in full recognition and appreciation of the dangers and hazards inherent in the trip and the planned activities and the hazards inherent in transportation to and from destination on the trip to which I may be exposed during my participation in the trip, does hereby agree to assume all the risks and responsibilities surrounding my participation in the trip or any independent activities undertaken as an adjunct thereto; indemnify and release and forever discharge Mark Berryman, Oneal Tankersley, Cynthia Tankersley, JoJean Smith and Harding University, Inc., and all its trustees, officers, agents, and employees from and against any and all claims, demands and actions, or causes of action, on account of damage to personal property, or personal injury, or death which may result from my participation, and which result from causes beyond the control of, and without fault or negligence of Mark Berryman, Oneal Tankersley, Cynthia Tankersley, JoJean Smith, and Harding University, Inc., Searcy, Arkansas, its trustees, officers, agents or employees, and all other Releases during the period of my participation.

Furthermore, I hereby designate and appoint Mark Berryman, Oneal Tankersley, Cynthia Tankersley and JoJean Smith as my true and lawful attorneys or agents, to take whatever reasonable action or procedure, including the execution of any documents or instruments which may be required to be necessary by emergency circumstances, to obtain medical or hospital care, treatment, or surgical procedures for and on my behalf which may arise on the trip to and from and at Harding University Tahkodah in Floral, Arkansas. I further accept the financial responsibility for all medical attention.

**Disclosure by Participant.** I am allergic to the following:

\_\_\_\_\_. If none, check here \_\_\_\_\_.

I have the following medical conditions that would be important information in case of emergency: \_\_\_\_\_

If none, check here \_\_\_\_\_.

I sign this Acknowledgment and Assumption of Risk, Release and Medical Power of Attorney on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

Printed name of Participant \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant over age 18

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian of Participant, if Participant is under 18 Years of age

Phone number(s) to be contacted in case of emergency