



## Dual Enrollment Liability Agreement

I acknowledge that in order to become a concurrent enrollment student at Baptist Health Sciences University (hereinafter "the University"), I am required to agree to the terms and conditions set forth herein. I also acknowledge that the University will not accept me as a concurrent enrollment student unless I agree to each and every term and condition, unmodified, set forth herein.

1. I am fully aware of the expectations of me as a concurrent enrollment student and any risks attendant thereto have been explained to me. I have been given the opportunity to ask any and all questions that I may have. After doing so, I fully understand and accept any and all risks.
2. I either have or will obtain health insurance necessary to provide for and pay for any medical costs that I may incur during or arising from my being a concurrent enrollment student.
3. I agree that if I am injured or become ill as a result of my being a concurrent enrollment student, all related costs for medical treatments or associated costs are my personal responsibility and are not the responsibility of the University.
4. I agree that the University is not responsible for any of my personal belongings that is lost, stolen, or damaged while I am a concurrent enrollment student.
5. I agree that in no way will I seek to hold the University liable, either directly or indirectly, for any injury, illness, loss, expense, or any problem incurred, arising out of, or in any way related to my being a concurrent enrollment student. This agreement to hold harmless and release of liability shall extend to all claims for personal injury, illness, and property loss or damage, as well as any other claim that might be brought against the University because of my being a concurrent enrollment student. I hereby bind my heirs, representatives, and anyone claiming a right or interest through my estate to this waiver.
6. I further agree to indemnify and hold harmless the University from any and every liability, expense, claim, or cause of action hereafter asserted against the University in connection with my wrongful or negligent acts or omissions while participating as a concurrent enrollment student. I hereby bind my heirs, representatives, and anyone claiming a right or interest through my estate to this obligation of indemnification.
7. I agree to abide by the University's Standards of Conduct and all of the University's applicable policies and procedures.
8. I agree that the law of Tennessee, without regard to the principles of choice or conflict of law, shall govern the formation, construction and enforcement of this agreement.

**Student**

**Parent or Guardian**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date