

**Liability Release for Non-Meharry Medical College  
Personnel/Activities Using College Properties**

I, \_\_\_\_\_, an authorized representative/agent of the below listed organization, do hereby for myself and members of said organization, heirs, assigns, executors, administrators of myself and said organization release discharge, and agree to hold forever harmless Meharry Medical College, its Board of Trustees, officers, administrators, employees, agents, assigns, attorneys of records, and heirs from all matter of actions, causes or causes of actions, suits, damages, executions, judgments and demands whatsoever in law or equity, for any injury or other mishap which occurs while using Meharry Medical College property. I certify that my organization holds a certificate of insurance to cover its liability, **(\$1 Million General Liability Limits required)** and is enclosed with this form.

Name of Organization \_\_\_\_\_

Name of Representative/Agent \_\_\_\_\_

Signature of Representative/Agent \_\_\_\_\_

Date \_\_\_\_\_ Witnessed by \_\_\_\_\_