



## **Mentoring Preferences**

Do you prefer that a mentor (Y/N):

Lives or works in your geographic area? \_\_\_\_\_

Is willing to meet with you in person? \_\_\_\_\_

Has a certain number of years of experience as an attorney? \_\_\_\_\_

If yes, how long: \_\_\_\_\_

Has a certain number of years of experience working within the entertainment/sports industry?

\_\_\_\_\_

If yes, how long: \_\_\_\_\_

Are you looking for: (Y/N)

General advice about career options? \_\_\_\_\_

General advice about the entertainment/sports industry? \_\_\_\_\_

Specific advice about practicing in Tennessee? \_\_\_\_\_

Specific advice about the practice of law within the entertainment/sports industry? \_\_\_\_\_

Other (please specify): \_\_\_\_\_

What do you hope to gain through this mentoring program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

Mentors assigned by the TBA E&SL Mentoring Program are participating entirely upon a voluntary basis. Mentors and mentees are entitled to end the relationship at any time or extend it beyond the one-year time period by mutual agreement. Participation in the program is contingent on receipt of a signed acknowledgement form, which can be submitted with this application. A signed acknowledgement must be received before mentors' contact information will be disclosed. Please return the completed application and acknowledgement to:

Sarah Hayman

Tennessee Bar Association

221 Fourth Avenue North, Suite 400

Nashville, TN 37219-2198

shayman@tnbar.org

Fax: 615.297.8058

## MENTEE ACKNOWLEDGEMENT

I wish to serve as a mentee in the Tennessee Bar Association Entertainment and Sports Law Section's Mentoring Program.

I agree to make the necessary time commitment to maintain a mentoring relationship. If my work or life circumstances change, I agree to contact the Entertainment and Sports Law Section's Mentoring Committee Director.

I, as the mentee, shall contact the mentor and pose any questions in the form of a "fact pattern" to avoid divulging the client's identity and to avoid any potential conflict of interest.

I agree and understand that the mentor accepts no professional responsibility for any advice given. I shall make a professional evaluation of all advice received from the mentor and shall advise my client based solely upon my professional opinion, research and own independent judgment on behalf of my client.

I understand that disclosure of the facts or circumstances related to my client may involve attorney client privilege. The Tennessee Bar Association, Entertainment & Sports Law Section, nor the Mentor Program, assume any liability or responsibility with respect to response to inquiries made, or advice given, pursuant to the Mentor Program.

The Mentoring Program endeavors to assist the legal profession by facilitating contact between those attorneys seeking a mentor and those willing to provide such mentorship services. The Tennessee Bar Association and its Entertainment and Sports Law Section makes no representation or warranty as to the skill of a designated mentor or the quality of any legal advice provided pursuant to this program.

I agree to release the information provided within my Mentor Program application to the Tennessee Bar Association as well as to the mentor to which I am matched.

Any opinions expressed by the mentor are those of the mentor alone and do not necessarily reflect those of the Tennessee Bar Association, its Entertainment and Sports Law Section and their respective officers, board or staff.

Use of the Mentor Program is governed by the above conditions.

I hereby certify that I have read and understand the waiver and agree to comply with the above information as set forth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_