

Sam Houston State University

RELEASE AND INDEMNIFICATION AGREEMENT – Adult Student

STUDENT: _____ **SAM ID:** _____
Name (last name, first - please print or type)

Address

City, State, Zip Code

DESCRIPTION OF ACTIVITY OR TRIP: _____

MODE OF TRANSPORTATION: _____

LOCATION(s) of activity or trip: _____

DATE(s) of activity or trip: FROM _____ 20 ____ TO _____ 20 ____

I, the above named student, am eighteen years of age or older and have voluntarily applied to participate in the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release Sam Houston State University, its governing board, officers, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, whether caused by negligence of Sam Houston State University, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless Sam Houston State University and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Student

Date signed: _____

Signature of Witness

Date signed: _____

Printed Name of Witness

Sam Houston State University

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT- ADULT

I. MEDICAL INFORMATION (please type or print legibly)

- a. Name _____
(Last, first, middle)
Address _____
(Street or P.O. Box, city, state, zip code)
Telephone Number: Day: _____ Night: _____
- b. Name of Nearest Relative _____
(Last, first, middle)
Address _____
(Street or P.O. Box, city, state, zip code)
Telephone Number: Day: _____ Night: _____
- c. Physician's Name _____
Address _____
(Street or P.O. Box, city, state, zip code)
Telephone Number: Office: _____ Emergency: _____
- d. Dentist's Name _____
Address _____
(Street or P.O. Box, city, state, zip code)
Telephone Number: Office: _____ Emergency: _____
- e. Health Insurance Company Name _____
Policy Number _____ Telephone: _____
- f. Allergies _____
- g. Current Medications _____
- h. Special Health Needs _____

II. EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned, do hereby authorize Sam Houston State University and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates of this authorization are _____ to _____ 20____.

I am eighteen years of age or older, have read the above authorization, and confirm that the information contained therein is true and accurate.

(Signature of Individual Providing Authorization) Date _____ 20____ .

To be completed by persons eighteen years of age or older.