Emergency Information Form

This form is intended to document emergency information for any student participating in a university related off-campus trip. The information you provide will remain confidential and will be released only to the advisor and/or staff contact for this trip or activity.

Name: _____UIN#: _____
Address: _____
Home Phone #: _____ Mobile #: _____
Email Address:_____

In case of emergency, please contact (if under 18, this must be a parent/legal guardian):
Name: _____ Home Phone #: _____
Work Phone #: _____ Mobile #: _____
Email Address:_____

Next of Kin:
Name: _____ Relationship: _____
Phone #: _____

1. Do you have any special medical conditions (heart, respiratory, high blood pressure, etc)? Y N
If yes, please explain:

2. Are you taking any prescription or non-prescription medications? Y N
If yes, please explain:

3. Do you have any allergies (food, bees, insects, and medicines)? Y N
If yes, please explain:

4. Do you have a disability (physical, emotional, etc.)? Y N
If yes, please indicate the functional implications and any concerns about participation related to your disability:

5. Name of Insurance Company: _____Policy #: _____

Student – Please read and sign: I have disclosed all medical and personal information relating to my health and personal safety.

_____ _____

Signature Date

Parent or Legal Guardian Signature (if participant is younger than 18):

_____

Print Parent or Legal Guardian Name:

_____

Assumption of Risk/ Release of Liability Form

Group Name and Event: _____
I understand and agree that the **_____(event name)** of **_____ (organization name)** of which I am a member involves certain risks and that regardless of the precautions taken by the organization, some bodily injuries may occur. Specific risks/hazards involved in the activity(s) include, but are not limited to the following (e.g., 'Injuries received during travel to or from the destination'):

Knowing this information, in consideration of my participation in the recognized student organization's activity, I hereby release, waive, discharge, and covenant not to sue, and agree to hold harmless the organization, Texas A&M University, The Texas A&M University System and its Board of Regents, the State of Texas, and their representatives, officers, advisors, agents and employees (hereinafter referred to as RELEASEES) from **ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH**, that may be sustained by me arising out of any travel or activity(s) conducted by or under the auspices of the RELEASEES caused by **risks associated by this activity** and/or the **negligence of the RELEASEES**. Participant acknowledges that the organization and the University/State are separate legal entities and should be treated as such.

I am fully aware that there are inherent risks involved with this activity(s) and I know of no medical reason why I should not participate. I understand and agree the organization cannot be expected to control all of the risks articulated in this form, but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility. **The RELEASEES do not** carry medical or accident insurance for the activities mentioned unless the participants are informed otherwise. As such, participants should review their personal insurance portfolio and provide that information where indicated on the **Emergency Information Form**. Finally, I am fully aware that there are inherent risks involved with activity(s) and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, which may be sustained by me as a result of participating in said activity ***including injuries sustained as a result of the negligence of RELEASEES***. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my participation in said activity ***including injuries sustained as a result of the negligence of RELEASEES***. I understand this agreement to indemnify and hold harmless does not apply to injuries caused by intentional or grossly negligent conduct.

In signing this Release, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate, and complete consideration fully intending to be bound by the same, now and in the future. I represent that I am eighteen (18) years of age or older and am otherwise competent to execute this agreement. **If the participant is younger than 18 then his/her parent or legal guardian must also sign where indicated below**.

_____ _____

Signature Date

I am the parent or legal guardian of the participant indicated above, who is under the age of 18. I agree on behalf of my child or ward to all the terms contained in this Release.
Parent or Legal Guardian Signature (if participant is younger than 18):

_____

Print Parent or Legal Guardian Name:

_____