



a new state of mind

Atlanta Alumni Chapter of
South Carolina State University National Alumni Association
PO Box 310774
Atlanta, GA 31131-0774
www.scsuatbulldogs.org



GENERAL RELEASE

I, _____, hereby grant permission for Emergency Medical service to the rendered, as deemed necessary to me. I do hereby voluntarily consent and authorize Atlanta Chapter of South Carolina State University National Alumni Association, Inc. acting by and through its members and all agents involved full authority, in the event of an accident, illness or injury to myself, to take whatever measures and actions they consider necessary and warranted under the circumstances to protect, safeguard and minimize further injury to my health and safety. I understand that such actions may involve or require placing me in a hospital for medical services and treatment, or if no hospital is readily available, to place me in the care of a local physician, transporting me back to my home or destination desired by commercial airline or otherwise, will be a debt and liability for which I accept total responsibility.

I hereby further declare, represent and agree, that in the event that Atlanta Chapter of South Carolina State University National Alumni Association, Inc. has to exercise the above voluntarily given medical authorization and consent, that I do hereby hold harmless and release and forever discharge and any and all members, agents, officers, assistants, in both their individual capacities and by reason of their individual capacities and by reason of their relationship to, Atlanta Chapter of South Carolina State University National Alumni Association, Inc. and their successors from any and all claims and demands whatsoever, which the undersigned or any person action in behalf of the undersigned has made. Though the Atlanta Alumni Chapter of South Carolina State University National Alumni Association, Inc. has liability insurance coverage, the herein parties agree to hold harmless, this entity, its assigns, officers and committees.

Finally, I hereby declare and represent that in making, executing and signing this statement, I am relying wholly upon my own judgment, belief and knowledge of the circumstances involved in or involvement in the said events and that I have read this statement, understood it contents and execute it of my own free will and choice.

SIGNATURE: _____ DATE: _____
(Person over 18---Non-student)

Phone Number(s)_____

Email:_____