

JACKSON STATE UNIVERSITY STUDENT RELEASE AND INDEMNIFICATION AGREEMENT

In consideration of the opportunity to participate and/or travel for JSU-HAAC Campus Tour and to receive the benefit of services rendered by the Administrators, faculty, staff, agents, and other representatives of Jackson State University, the undersigned hereby acknowledges and agrees as follows:

I acknowledge that activities conducted in the course of the program, event, activity, or travel may entail known or unanticipated risks which could result in harm to me or third parties or damage to property.

I certify that I have no medical physical conditions which could interfere with my safety or the safety of others in connection with my participation in the activity, and I hereby assume and agree to bear the costs of all risks that may be created, directly or indirectly, by any such condition, whether or not disclosed to the University. My participation in the activity is purely voluntary.

I understand that this release is related to non-essential services, and I have the choice not to sign the release. However if I choose not to sign it, I cannot participate in the non-essential activity or program. Nonessential activities include those which a person has or had the option not to participate, and this specifically includes transportation provided by anyone, including myself. I agree that other options are available to me aside from the one that requires this release. Potential other options include, but are not limited to, finding alternate forms of transportation, not participating in the nonessential event, and purchasing insurance for personal property or other harm rather than attempting to hold Jackson State University or its employees responsible for any such damages.

I HEREBY VOLUNTARILY RELEASE, INDEMNIFY, AND FOREVER DISCHARGE THE UNIVERSITY, AS WELL AS ALL COMMUNITY PARTNER AGENCIES, THEIR EMPLOYEES, OFFICERS, AGENTS, AND ASSIGNS, ON BEHALF OF MYSELF, MY CHILDREN, MY PARENTS, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, AND ESTATE FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION WHICH IN ANY WAY RELATE TO OR ARISE OUT OF MY PARTICIPATION IN THE PROGRAM/ACTIVITY OR MY USE OF THE UNIVERSITY'S EQUIPMENT OR FACILITIES, INCLUDING ANY SUCH CLAIMS ALLEGING NEGLIGENT ACTS OR OMISSIONS OF THE UNIVERSITY. I AGREE NOT TO DEMAND OR BRING ANY LEGAL ACTION, ON BEHALF OF MYSELF OR ANY DEPENDENT, AGAINST THE UNIVERSITY OR ITS AGENTS ARISING FROM MY PARTICIPATION IN THE EVENT, ACTIVITY, OR PROGRAM.

I am eighteen (18) years of age or older and am competent to execute this agreement. If the participant is not eighteen (18) years of age, this release must also be signed by a parent or guardian.

Print Name: _____ Date: _____

Signature: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

(Only if Student is not eighteen (18) years of age.)

JACKSON STATE UNIVERSITY
STUDENT AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I. MEDICAL INFORMATION (please type or print legibly)

a. Name: _____

Address: _____

Telephone Number: Day: _____ Evening: _____

b. Name of Nearest Relative (or guardian if student is under 18 years of age):

Address: _____

Telephone Number: Day: _____ Evening: _____

c. Physician's Name: _____

Address: _____

Telephone Number: Office: _____ Emergency: _____

d. Dentist's name: _____

Address: _____

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 Jackson 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 _____. I am eighteen (18) years of age or older, have read the above authorization, and confirm that the information contained therein is true and accurate. (*If the participant is not eighteen (18) years of age or older, this release must be signed also by a parent/guardian.)

_____ Date: _____
(Signature of Individual)

_____ Date: _____
(Signature of Parent or Guardian if student is not eighteen (18) years of age)