

# Medical Information and Authorization

## Waiver 1

If any emergency occurs, I authorize staff members to take all proper action and use the emergency service available at the nearest hospital, if necessary. In the case of extreme emergency, I authorize emergency personnel to take proper action. I understand my personal insurance will be used in this case.

I agree as shown by my signature below:

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Participant over 18: \_\_\_\_\_ Date: \_\_\_\_\_

## Waiver 2

In and for consideration of my participation in \_\_\_\_\_, I hereby release and hold harmless East Tennessee State University, its affiliates, subsidiaries, directors, officers, employees and agents from any and all liability arising out of my participation in \_\_\_\_\_ on \_\_\_\_\_, except for liability for personal injury or illness caused solely by the proven gross negligence or willful misconduct of East Tennessee State University, its employees or agents. This waiver of liability expressly includes transportation to and from, or in connection with, said event.

I agree as shown by my signature below:

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Participant over 18: \_\_\_\_\_ Date: \_\_\_\_\_

## **In case of emergency, notify...**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_

Physician or Clinic you usually consult for medical care and phone numbers:

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