



Student Medical Information and Release Form

Name:

Address:

Phone:

Date of Birth:

Description of Activity or Trip:

Location:

Date(s):

Emergency Contact

Name:

Address:

Phone:

Medical Information

Physician Name

Address:

Phone:

Health Insurance Carrier:

Group #:

Policy #:

Current Medication (if none, put N/A):

Allergies (if none, put N/A):

Special Health Needs or Concerns:

Emergency Medical Authorization

I, the undersigned, do hereby authorize Laredo College and its designated representatives to consent, on my behalf, to consent, on my behalf, to any medical/hospital care or treatment 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 to this authorization. This authorization is effective through the dates listed above.

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

Student Signature: _____

Date: _____

For travelers under the age of eighteen

I am the undersigned parent/guardian, have read the above authorization, and confirm that the information contained therein is true and accurate.

Parent/Guardian Signature: _____

Date: _____



Accident Waiver and Release of Liability Form

This form must be completed by individuals participating in a Laredo College-sponsored and co-sponsored activity/events.

Please read the form below carefully. If you have any questions, please contact the Student Life office at studentlife@laredo.edu.

Activity/Event

Terms of Agreement

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

WAIVER

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

I hereby waive, release, and discharge LAREDO COLLEGE by and through this WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT – ON/OFF CAMPUS ACTIVITIES their trustees, officers, employees, agents, successors, representatives, and volunteers from any and all liability, including but not limited to, liability for all claims, demands, actions, causes of action, judgments, damages, expenses, and costs (including attorney’s fees) arising from the negligence, gross negligence, carelessness, or fault of the entities or persons released, resulting in death, disability, personal injury, property damage, property theft, mental anguish, or actions of any kind which arise out of, result from, occur during, or are connected in any manner, with my participation in the Activity/Event, including my traveling to and from this Activity/Event.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

_____ **Initials**

INDEMNIFICATION AND HOLD HARMLESS

I also agree to INDEMNIFY AND HOLD HARMLESS LAREDO COLLEGE and their trustees, officers, employees, and agents from all claims, **including claims for gross negligence, negligence, or carelessness**, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney’s fees which arise out of, result from, occur during, or are connected in any manner with my participation in the Activity/Event, and promise not to sue the entities or persons mentioned in this paragraph for any and all liabilities or claims made as a result of my participation in this Activity/Event.

_____ **Initials**

ASSUMPTION OF RISK

I acknowledge that this Activity/Event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants but are also present for volunteers.

I hereby assume all of the risks of participating and/or volunteering in all Laredo College related field trips, travel off campus, organizational activities or all other campus related events, including by way of example and not limitation, any risks that may arise from negligence, gross negligence, or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

_____ Initials

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

_____ Initials

SEVERABILITY

I, the undersigned, further expressly agree that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted by the Laws of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

_____ Initials

ACKNOWLEDGMENT AND UNDERSTANDING

I have read this **WAIVER OF LIABILITY, ASSUMPTION OF RISK, and INDEMNITY AGREEMENT**, fully understand its terms, and understand that I am giving up my rights, including my right to sue. I acknowledge that I am signing this document freely and voluntarily, and intend by my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

_____ Initials

Participant

Emergency Contact

Name: _____

Name: _____

Palomino ID: _____

Address: _____

Phone Number: _____

Phone Number: _____

Relationship: _____

Signature: _____

Date: _____

Parent / Guardian Waiver for Minors (Under 18 years old)

The undersigned parent or guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the waiver of liability, assumption of risk, and indemnity agreement set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties as a result of death, disability, personal injury, mental anguish, property damage, property theft, or other injury or damage sustained by my child/ward arising out of acts of negligence, gross negligence, or carelessness.

Signature: _____

Parent/Guardian Name: _____

Date: _____