

PLEASE READ CAREFULLY

MEDICAL CONSENT FORM

(THIS FORM MUST BE NOTARIZED!!!!!!!!!!)

I hereby grant permission for emergency medical service to be rendered as deemed necessary to my child (or myself). I do hereby voluntarily consent and authorize FAMU, in the event of an accident, illness or injury to take whatever measures and actions considered necessary and warranted under the circumstances to protect, safeguard and minimize further injury, health and safety. I understand that such actions may involve or require placement in a hospital or another medical facility for services and treatment. Any transportation expenses by any mode will be a debt and liability for which I accept total responsibility.

I hereby further declare, represent and agree, that in the event that FAMU has to exercise the above voluntarily given medical authorization and consent, that I hold harmless, release and forever discharge FAMU from any and all liability, damages, claims and demands whatsoever, including attorneys fees and court cost, which the undersigned, any heir or assigned has made.

Finally, I hereby declare and represent that I have read this statement, understood its contents, execute it of my free will and choice, and agree to be legally bound by it.

Initial _____

CONTINUE WITH NEXT SECTION

NAME: _____
LAST FIRST MI

STUDENT ID NUMBER: _____

INSTRUMENT: _____

LIABILITY RELEASE

By signing this *MEDICAL CONSENT and LIABILITY RELEASE*, I assume any and all liability for any accident, injury, illness, damages or loss that may occur during participation or as a result of participation in the band programs and/or related activities at FAMU.

In consideration for the acceptance into or voluntary participation in the above stated activity/program, I/We hereby release, waive and discharge any and all demands and claims for, but not limited to, damages, personal injury, property damage, illness, death or loss which I may have or which hereafter accrue to me, against FAMU due to participation in or as a result of the above mentioned activity/program. This release will discharge and hold FAMU harmless from and against any and all liability and demands (including attorney fees and court cost) arising out of or connected in any way with participation in or as a result of the above-mentioned activity/program, even though that liability may arise out of negligence on the part of persons or agencies mentioned above.

I/We further understand that damages, accidents, injuries or death could arise out of participation or as a result of the above-mentioned activity/program. Knowing this, I hereby agree to assume those risks and to release and hold all agencies and persons mentioned above harmless who (through negligence or carelessness) might otherwise be liable to me.

I/We fully understand and agree this disclaimer, release, waiver and assumption of risk, is to be binding on my heirs and assigns.

I HAVE READ THIS ENTIRE RELEASE. I FULLY UNDERSTAND IT AND AGREE TO BE LEGALLY BOUND BY IT.

Print: Name of Minor or Participant (if **under** 18 years olds) _____

Minor's Date of Birth _____

Print: Name of Parent, Legal Guardian or Custodian

Print Name of Participant (if 18 years old or older)

Signature of Parent, Legal Guardian or Custodian _____ **Date** _____

Signature of Participant (if 18 years or older) _____ **Date** _____

Address
Street _____ *Apt.* _____ *City* _____ *State* _____ *Zip* _____

Phone Number(s): Home _____ **Cell** _____

Name of Emergency Contact Person - (Required): _____

Emergency Contact Person Telephone No. - (Required) _____

Sworn to and subscribed before me this _____ day of _____ 20 _____.

-SEAL-
Notary Public

My Commission Expires: _____