

SOUTHWEST

TENNESSEE COMMUNITY COLLEGE

MEDICAL RELEASE FORM

The undersigned, _____ desires to participate in a trip

to _____ on _____
Place Date

sponsored by Southwest Tennessee Community College, a Tennessee Board of Regents institution of higher education under the governance of the State of Tennessee. The undersigned assumes all responsibility and risks related to or in any way connected with this trip and related activities.

The undersigned understands that if they decide not to stay the duration of the trip and return home at any time before the scheduled time due back they are responsible for returning any and all meal monies as stated by TBR Policy.

In consideration of the State of Tennessee and Southwest Tennessee Community College, the undersigned does for him/herself, his/her heirs, executors, successors and assigns, release waive and discharge and covenant not to sue the State of Tennessee, Tennessee Board of Regents, Southwest Tennessee Community College, including their employees, agents, successors and assigns, or any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation arising out of, on account of, related to, or in any way connected with the undersigned's participation in this trip and related activities.

The undersigned agrees to all Rules and Regulations set forth by the State of Tennessee and Tennessee Board of Regents and Southwest Tennessee Community College.

Date of Birth: _____ Banner #: _____ Phone #: _____

Emergency Contact Person: _____

Emergency Contact Number: _____

Are you currently taking medication? Yes___ or No___ If yes, what are the procedures for administering, dosage and the name of the medication being taken: _____

Do you have any physical, emotional, and/or mental disabilities that will prevent you from participating in any activities during this trip? Yes___ or No___ If yes, please provide documentation one week prior to the trip.

Name of Insurance Provider: _____

Insurance Phone Number: _____

PARTICIPANT'S AGREEMENT

IN SIGNING THIS MEDICAL RELEASE, I ACKNOWLEDGE THAT I have read the foregoing Waiver of Liability and Medical Release Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same
IN WITNESS WHEREOF, I have here unto set my hand on this _____ day of _____, 20_____.

Participant

Witness

Date

Date

