DEPAUW UNIVERSITY LIABILITY RELEASE AND MEDICAL CONSENT FORM

For participation in events and activities of a Recognized Student Organization of DePauw University
I,
I have entered into this agreement on the basis of my own information and not in reliance upon any representation of DePauw University or the other released parties. I understand that while at this even I must comply with all provisions of the Student Handbook. Further, I understand that I must comply with the directions of the University's appointed designee.
In the event of illness or accident, I authorize the designated representative of DePauw University to secure necessary medical treatment and authorize physicians, dentists, and other licensed health care providers to perform any necessary diagnostic, treatment, or operative procedures.
By my signature, I represent that I have knowingly and voluntarily signed this Liability Release and Medical Consent Form with the intent that it be a legally binding document designed to protect DePauw University and other released parties from all claims which could be brought by me or anyone else on account of any injury, or my death, regardless of cause of fault.
Signature: Date:
Printed Name:
School Address:
Permanent Address:
Home Phone #:
Cell Phone #:
Event Name:
Event Date:
IN CASE OF EMERGENCY, PLEASE CALL THE FOLLOWING:
Name of Parent/Guardian:
Relationship:
Phone #:
OFFICE/ORGANIZATION USE: □ Copies made and taken to Public Safety Office for Emergency Purposes. □ Copies for Staff/Student Leaders Overseeing Event for Emergency Purposes. □ Copies filed with Sponsoring Office/Student Organization for reference (hold for 1 year).