



## Waiver of Liability and Hold Harmless Agreement

In consideration for receiving permission to participate in

\_\_\_\_\_  
(Name of event or activity)

I hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE Galveston College, the Galveston College Board of Regents, officers, or employees (hereinafter referred to as RELEASES) from any and all liability claims, demands, actions and causes of action whatsoever arising out of or related to any loses, damage, or injury including death that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES, or otherwise, while participating in such activities, or while traveling to or from, in on, or upon the premises where the activity is being conducted.

I have the prerequisite skills qualifications, preparations, and training to participate in the activity in a safe and competent manner; and, I acknowledge that the RELEASES have relied upon this representation in allowing me to participate in this activity. I agree to participate and abide by the rules and regulations of Galveston College. Any questions that I have had concerning participation in this activity have been fully answered.

I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS OF PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such activity. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASES from any loss, liability, damage, or costs, including court and attorney fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE or otherwise. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse if I am alive and my heirs, assigns, and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND CONVENTANT NOT TO SUE the above-named RELEASES IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement understand it, and sign it voluntarily as my own free act and deed and based upon no representation that is not contained herein. I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

\_\_\_\_\_  
Name (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address (PRINT)

### EMERGENCY CONTACT

\_\_\_\_\_  
Name (PRINT)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address (Street, City, State, Zip Code)

\_\_\_\_\_  
Phone number



## MEDICAL TREATMENT RELEASE FORM

To whom it may concern:

I \_\_\_\_\_ (student/faculty/staff name) do/do not hereby authorize the treatment of qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate.

### Reason for which release is intended:

Student Travel    Field Trip    Team Sports    Intramural Sports    Other: \_\_\_\_\_

### Student/Faculty/Staff Information:

Student's Name (PRINT): \_\_\_\_\_

Student's Phone number: \_\_\_\_\_ Student's Email Address: \_\_\_\_\_

Student's Address: \_\_\_\_\_

### Emergency Contact(s) Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Medical Information:

Family Physician's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
(or Preferred Hospital) (Preferred Hospital's Phone Number)

Physician's Address: \_\_\_\_\_  
(Preferred Hospital's Address)

List allergies, medication, contract, or other pertinent comments: \_\_\_\_\_

### Health Insurance Data:

Company: \_\_\_\_\_ Identification #: \_\_\_\_\_

Group #: \_\_\_\_\_

I further authorize the person who presents me for treatment to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

\_\_\_\_\_  
Student/Parent's Signature (if student must is under 18)/Faculty/Staff

\_\_\_\_\_  
Date