



**GENERAL RELEASE, WAIVER OF LIABILITY
AND
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In consideration of the custodial services provided, I, _____, a student/camper of Florida Gulf Coast University, ("Student/Camper") (parent/guardian, if Student/Camper is a minor) do hereby release, hold harmless and indemnify Florida Gulf Coast University Board of Trustees, its appointed officials, as well as the agents, officers, faculty and employees of Florida Gulf Coast University from and against any and all liability, claims, charges, damages, demands, expenses, fees, fines, penalties, losses, suits, proceedings, actions and costs thereof (including attorneys' fees and court costs for all actions and appeals therefrom), judgments, injuries, damages or liabilities, in law or in equity, of any kind and nature, resulting from or arising out of an illness or injuries related to my/the Student/Camper's acts or omissions while on a University-sponsored activity.

THIS GENERAL RELEASE AND WAIVER OF LIABILITY IS ALSO BINDING ON THE STUDENT/CAMPER'S AND/OR THEIR PARENTS'/LEGAL GUARDIAN'S PERSONAL REPRESENTATIVES, HEIRS, AND ASSIGNS.

I FURTHER ACKNOWLEDGE THAT I AM EITHER OVER THE AGE OF 18 OR THIS RELEASE IS BEING ENTERED INTO BY MY PARENT OR LEGAL GUARDIAN.

Date

Signature

Print Name

Print Name (relationship if not Student/Camper)

Insurance Carrier - Policy#/Group #

Emergency Contact (Name and Phone #)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Should, in the opinion of the person in charge (i.e. Florida Gulf Coast University representative), the need arise for immediate medical treatment of an illness or injury, I hereby authorize such person to secure medical treatment for the above-named Student/Camper by appropriate medical personnel without delay.

This authorization is subject to the following special conditions: (i.e. allergies, glasses, etc. If no known special conditions exists, so state)

Date

Signature