

# Release Form and Emergency Medical Authorization

WHEREAS the undersigned voluntarily desire to participate in an activity, to wit:  
\_\_\_\_\_ and

WHEREAS the undersigned is duly aware of the risks and hazards which may arise through the participation in said activity and that the participation in said activity may result in loss of life and/or property of he undersigned:

THAT in consideration of being allowed to participate in said activity and receive education and other benefits therefrom (receipt of which is hereby acknowledged), the undersigned hereby voluntarily assumes all risks of accident or personal damage to his/her person or property and hereby releases The University of Akron, its agents and employees, from every claim, liability or demand of any kind sustained, whether caused by negligence of the said University of Akron, its agents and employees, or otherwise. This release shall be binding upon any heirs, administrators, executors and assigns, of the undersigned; and

IN the event of illness or injury resulting or arising directly or indirectly out of said affiliation with The University of Akron, the undersigned hereby gives his/her consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by faculty or staff members of The University of Akron or (2) the administration of any treatment deemed necessary by a licensed physician or dentist; and (3) the transfer to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery; and

THE undersigned hereby declares that he/she has no allergies, physical impairments (heart, epilepsy, etc.) or any other disabilities and that he/she is taking no medication, which medication (or physical impairment) would preclude him/her from participating in said activity.

THE undersigned, by signing this release, hereby certifies that he/she has read and fully understands the conditions herein provided.

**Sibling:** \_\_\_\_\_  
(Please Print)

**Residence Hall:** \_\_\_\_\_  
**Room #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
(Guardian if sibling is under the age of 18)