



UNIVERSITY OF
SOUTH FLORIDA
ST. PETERSBURG

2008-2009

Emergency and Medical Information Form

(Please, print the following Information and sign and date at the bottom.)

Name _____
 Address _____
 City _____ State _____ Zip _____
 Email Address _____
 Telephone _____

Known Ailments or Allergies:

Medications currently prescribed:

Blood Type _____

Date of last Tetanus Shot _____

Regular Physician
Name _____
Telephone _____

Health Insurance Carrier
Name _____
Policy ID Number _____

Is there any other medical information that may be helpful to medical personnel should you need assistance in the event of an emergency?

Please provide the following contact information in case of an emergency

Name _____
Relationship _____
Telephone _____

Name _____
Relationship _____
Telephone _____

I, the undersigned, do hereby authorize and consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general supervision of any member of the medical staff or of a dentist licensed under the provisions of the State Education Law and/or Public Health Law of the state and on the staff of any hospital holding a current operating certificate issued by the State Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that an effort shall be made to contact the abovementioned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the abovementioned cannot be reached.

Signature _____ **Date** _____

- Student Faculty/Staff Alumni/Affiliate Student Family Guest
 Staff/Faculty Family Guest Public Fit-4-Life Only Day Guest



2008 – 2009

Student Life Programs, Equipment, and Facilities Waiver

I, the undersigned, hereby acknowledge my receipt of the permission and privilege to participate in the all Waterfront and Fitness Programs and related equipment and facility use as a member or guest of the duly recognized University of South Florida St. Petersburg Student Life Office. In consideration of the permission and privilege allowed me hereunder, I do hereby specifically agree that I will indemnify, save, and hold harmless the University of South Florida St. Petersburg Student Life Office, its officers, agents, employees, and all persons whether participants or spectators at or elsewhere, from any or all losses, claims, actions, or proceedings of any and every kind and character which may be presented or initiated to recover money, property, or damages for any injuries to persons, or injurious results, or any damages to property suffered during the conduct of the above event described, and arising directly or indirectly from any activity by me as a member or participant.

In accepting the permission and privilege to participate under this waiver, release and hold harmless agreement, I understand that this waiver, release and hold harmless agreement, extends to and applies to any personal injuries, injurious results, damages or losses which I, myself, may experience or sustain while participating in recreational sports, fitness training, and related activities. I covenant for myself, my estate, executors, heirs, and assigns, not to file suit or initiate any claim procedures in respect to any personal injuries, property damages, or losses I may experience or sustain arising directly or indirectly out of my activities hereunder.

I freely assume all risks, hazards, and losses which may befall me in connection with my exercise of the permission and privilege allowed me hereunder.

This waiver, release, and hold harmless agreement shall apply to any and all activities associated with the USF SP programs by the undersigned on the area in use by the University of South Florida St. Petersburg Student Life Office.

I, the undersigned, also relieve of all responsibility of my participation in the above described event, the Board of Education, the Board of Trustees, and the University of South Florida St. Petersburg, their officers, agents, employees, and all persons connected.

Signature

Date

State of Florida
County of Pinellas

Witness (Parent approval required in place of witness if participant is under age 18.)