

TEXAS WOMAN'S UNIVERSITY
Event Medical Waiver



Participant's Name:

Participant in: 2008 SECC CHARITY VOLLEYBALL GAME

As a participant in the above named activity at Texas Woman's University, I represent that I am physically able to participate in the event. In consideration of being allowed to participate in the event, I hereby release the State Employee Charitable Campaign (SECC), the organizers and sponsors of this event, the University, its employees, officers and Regents from all claims resulting from illness, injuries or other damage which may be sustained by me during attendance at this event. I furthermore agree and promise that I will not hold the University or any of the above parties responsible in this respect. In the event of injuries or illness, I hereby authorize TWU representatives to obtain assistance from doctors, nurses or trainers for medical, surgical or any other appropriate treatment. Furthermore, I grant permission and consent for the attending physician to provide any medical/surgical care if necessary. I will not hold SECC, the organizers of this event, Texas Woman's University, its employees, or Regents responsible or liable for the judgment of and/or treatment by the physician. I understand that SECC, the organizers of this event, and Texas Woman's University cannot assume responsibility for medical, dental, or other health expenses incurred as a result of my participation. Further, I hereby grant full permission to all persons associated with this event to use any photographs, videotapes, motion pictures, recordings or any other record of this event involving myself for any purpose whatsoever.

Signature of participant: _____ Date: _____

Phone#: _____ Department: _____

In case of emergency, notify: _____

Relationship: _____

Where may this person be reached during the event? _____

Phone#: _____ Location: _____

Cell Phone#: _____