

MEDICAL RELEASE FORM

I, _____ (LAST 4 SSN) _____, agree to participate in activities on the NROTC Obstacle Course, Stamina Course, and Leadership Reaction Course located at Texas A&M University. Furthermore, I do hereby release from any and all claims, demands, actions, or causes of action, due to death, injury, or illness, Texas A&M University, the Government of the United States, the United States Navy, the United States Marine Corps, and all officers, representatives, and agents acting officially or otherwise.

I further consent to the treatment by medical facilities of Texas A&M University, local Emergency Medical Services, or civilian physicians/medical facilities, as required. This consent includes any medical, anesthesia, or surgical treatment or hospital services rendered under the general and special instructions of the attending physicians assigned to his/her care.

(Print)

(Signature)

Dorm No. _____

Phone: _____

EMERGENCY INFORMATION

This portion of the permission slip must be completed!

I have been diagnosed with the following:

Allergies or significant medical condition(s): _____

Asthma: _____ If yes, permission is NOT given to participate in O'Course Training

Our family doctor is _____

In case of emergency, he/she may be reached at () _____

Insurance: (If known)

Company _____ Policy Number _____

Address _____

This Release Form shall remain in effect for the duration of the school year _____.