



STUDENT ACTIVITY RELEASE

I do willingly execute this release in consideration of the educational benefits to be derived by me from my participation in a college-sponsored activity. I hereby release from liability and hold the College harmless from any claims and causes of action which might be brought by me or my parents or dependents for any claim, loss of property, personal injury or death, including court costs, attorney fees sustained by me arising out of any travel or activity conducted by or under the control of the College. It is understood that the College, as used herein, shall include the employees, administrators, agents, and Board of Trustees of the College.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I/we hereby authorize the appointed representative of South Florida State College to obtain and authorize medical treatment as is necessary to protect the well-being of my child, including authorization for emergency treatment, anesthesia, and/or surgery as deemed necessary. Further, I/we do hereby release and agree to hold harmless South Florida State College and its representatives from all claims which may arise from said medical treatment

Organized Activity (One form is required for each different activity)			
Participant Name (Printed)			
Participant Signature			
Participant Contact Information			
E-mail			
Home Phone		Cell Phone	
Address			
Emergency Contact Information			
Name			
Relationship			
E-mail			
Home Phone		Cell Phone	
Address			

Date

Signature of Participant