NEW JERSEY CITY UNIVERSITY

STUDENT RELEASE AND INDEMNIFICATION AGREEMENT

I understand and agree that the ________________________________ (activity) on ___________________ (date) with _______________________________ (sponsoring organization, faculty, or staff member) of which I am a participant involves certain risks and that regardless of the precautions taken by the above organization, some injury may occur.

I understand and agree that the university accepts no responsibility for my acts or the acts of others when I participate in or travel to or from activities related to an organization.

Knowing this information, in consideration of my participation in the above event, I expressly and knowingly release New Jersey City University and the above organization and their respective representatives, officers, employees, advisors, and agents from any and all claims and causes of action for property damage, personal injury or death sustained by me arising out of any travel or activity conducted by or under the auspices of the University or the above organization caused by risk associated with this activity and/or the acts or omissions of the sponsoring group. Participant acknowledges that the above organization and the University are separate legal entities and should be treated as such.

I voluntarily and knowingly agree to protect, hold harmless, and indemnify the University and the above organization and their respective representatives, officers, employees, advisors, and agents against all claims, demands, or causes of action for property damage, personal injury, or death, including defense costs and attorney fees arising out of my participation in the University and above described activity, event, or travel.

I am eighteen (18) years of age or older and am competent to execute this agreement. If the participant is not eighteen (18) years of age, this release must be signed also by a parent or guardian.

By signing below, I (we) acknowledge that I (we) have read the agreement and understand the release of liability.

Print Name: ___________________________________________________________________

Signature: ___________________________________________________________________

Date: __________________

Parent/Guardian Name: _________________________________________________________

Signature: ___________________________________________________________________

Date: _______________________________________________________________________
NEW JERSEY CITY UNIVERSITY

STUDENT AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I. MEDICAL INFORMATION (please type or print legibly)
   a. Name: ____________________________
      (Last, First, Middle)
   Address: _____________________________
      (Street or P.O.Box, City, State, Zip Code)
   Telephone Number: Day: (____) _______ Evening: (____) _______
   b. Name of Nearest Relative (or guardian if student is under 18 years of age):
      ____________________________
      (Last, First, Middle)
   Address: _____________________________
      (Street or P.O.Box, City, State, Zip Code)
   Telephone Number: Day: (____) _______ Evening: (____) _______
   c. Physician’s Name: ____________________________
   Address: _____________________________
      (Street or P.O.Box, City, State, Zip Code)
   Telephone Number: Office: (____) _______ Emergency: (____) _______
   d. Dentist’s Name: ____________________________
   Address: _____________________________
      (Street or P.O.Box, City, State, Zip Code)
   Telephone Number: Office: (____) _______ Emergency: (____) _______
   e. Health Insurance Company Name: ____________________________
   Policy Number: ____________________________ Telephone: (____) _______
   f. Allergies: ____________________________
   g. Current Medications: ____________________________
   h. Special Health Needs: ____________________________

II. EMERGENCY MEDICAL AUTHORIZATION
I, the undersigned, do hereby authorize New Jersey City University and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates of this authorization are _______________ to _______________ 20___.

I am eighteen (18) years of age or older, have read the above authorization, and confirm that the information contained therein is true and accurate. (*If the participant is not eighteen (18) years of age or older, this release must be signed also by a parent/guardian.)

(Signature of Individual) ____________________________ Date: ___________ 20___.

*(Signature of Parent or Guardian) ____________________________ Date: ___________ 20___.