

GEOLOGY AND GEOPHYSICS DEPARTMENT EMERGENCY CONTACT INFORMATION:

This information is confidential and will only be used in the event of medical care.

A. This form has been presented to me to release medical information.

I choose at this time **NOT** to release my medical information:

Printed Name: _____

Signature: _____ Date: _____

B. Below is a signed release of my Medical and Health contacts and information:

Last name: _____, First Name: _____

Preferred pronoun(s): _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Cell: _____

Name of Parent/Guardian/Friend/Spouse: _____

Relationship: _____

Address if different than above: _____

City: _____ State: _____ Zipcode: _____

Daytime phone: _____ Evening phone: _____

Cell Phone: _____

Local/out of town Doctor: _____

Phone: _____ Emergency number: _____

Health Insurance:

Insurance Co: _____ Phone: _____

Policy number: _____ Group number: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Health Conditions:

Asthma ___ Diabetes ___ Allergies ___ Hay fever ___ Heart problems ___ Ulcers ___

Vision problems ___ Hearing problems ___ Depression ___ Kidney problems ___ Liver problems ___

List other conditions not listed above: _____

Medication currently taking, if any: _____

Dosage of medication / how often: _____

Signature: _____ DATE: _____

UNIVERSITY OF WYOMING

RELEASE, ASSUMPTION OF RISK
AND AGREEMENT TO HOLD HARMLESS

I am aware that participation in _____
may be a dangerous activity involving A RISK OF INJURY.

Because of the potential dangers and risks, I recognize the importance of following instructions provided and I agree to follow all directions.

In consideration of the University of Wyoming, providing me with the opportunity to participate in _____, I hereby assume all the risks associated with my participation in _____ and agree to hold the University of Wyoming, its trustees, officers, employees, agents, representatives, instructors, and volunteers and the State of Wyoming harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in _____.

The terms hereof shall serve as a release and assumption of risk for self, my heirs, estate, executor, administrator, assignees and for all members of my family.

I, being an adult, have read the above statement and fully understand the contents, consequences and implications of signing this document.

DATE: _____

PRINTED NAME

SIGNATURE

I, being the parent or legal guardian of _____
have read the above statement and fully understand the contents, consequences, and implications of signing this document.

DATE: _____

PRINTED NAME

SIGNATURE