

HIST 490/HIST 490G

The Lincoln Tour - US Travel Course

(May 14, 2007- May 22, 2007)

Liability & Medical Release Form

Student Name: _____ WKU ID: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

In the event that a health emergency should arise, please provide contact information of family and/or friends who should be notified.

1. Emergency Contact _____ Relationship: _____
Phone: _____ Cell: _____
2. Emergency Contact _____ Relationship: _____
Phone: _____ Cell: _____

***Please provide proof of medical insurance with this form. The Office of Continuing Education will accept a letter from your insurance company or a copy of your insurance card with expiration information.**

Current medical condition(s) we should be aware: _____

Medications you are currently taking _____

Allergies: _____

Acknowledgement and Release

The undersigned, _____ (name), for and in consideration of and as of a condition of the University permitting said student to participate in domestic travel course(s) does hereby release and discharge Western Kentucky University, its employees, agents, and/or officers, from any and all claims, demands or damages which may arise from loss or injury of any nature to the person or property of the undersigned as a result of any act of proven negligence on the part of the University, its employees, agents and/or officers, while student is participating in any travel course activity. The undersigned further agrees to indemnify and hold harmless the University, its employees, agents, and/or officers from any and all loss, damage, or expense incurred as result of student's participation in said programs.

In the event of an emergency, I authorize whatever medical treatment is deemed necessary by medical personnel.

Date: _____ Signature: _____

Printed Name: _____