

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
AUTHORIZATION FOR EMERGENCY
MEDICAL TREATMENT**

I, _____ (*Name*), am a student at Texas Tech University Health Sciences Center (TTUHSC) and hereby give TTUHSC, its representatives, agents, or other responsible party who is a member of _____ (*Organization, Sponsoring Group*) the authority to seek emergency medical treatment on my behalf in the event I should be injured and incapable of consenting to such treatment while participating in a TTUHSC activity which is organized, sponsored, and/or funded by TTUHSC and involves the travel of at least twenty-five (25) miles from the TTUHSC campus.

I agree to release and hold harmless TTUHSC, its representatives, agents, employees, or other responsible party who is a member of _____ (*Organization, Sponsoring Group*) from any and all liability, negligent or otherwise, with regard to seeking emergency medical treatment on my behalf. I am at least 18 years of age, have read and fully understand this agreement and am voluntarily authorizing emergency medical treatment on my behalf in the event of such need.

Signature of Student

Date

Signature of Witness

Date