

TUCVM VET-STEP 2020 Program Agreement and Release of Liability

I/We the undersigned (or parent/guardian, if Participant is under the age of 18), understand that this is a legally binding Release of the Tuskegee University (TU). **Please Initial** _____

I/We request permission to participate in Vet STEP 2020. In consideration of being granted this permission, I/We agree as follows: **Please Initial** _____

1. Voluntary Program I understand and agree that participation in this Program is purely voluntary and is not required by TU. **Please Initial** _____

2. Release of Liability I/We, on behalf of myself/the Participant, the family heirs, personal representatives, guardians, successors, and assigns (all of whom are referred to as "Releasors"), hereby release Tuskegee University, its Administrators, Faculty, Trustees, Officers, Directors, Employees, Volunteers, and Agents (all of whom are referred to as "Releasees") from, and agree not to sue Releasees, for any claims that I/we may have arising from, or in connection with, any physical, emotional or mental injury or property damage that Releasors may suffer as a result of my participation in the Program from any cause whatsoever, to the extent permitted by law. **Please Initial** _____

3. Acknowledgment of Risk I/We recognize and acknowledge the risks of the activities which could include serious injuries and property damage. I/We attest that I/we have fully considered the risks and hazards, and I/we agree that I/we have individually assumed the risks involved in this Program. **Please Initial** _____

4. Fitness to Participate I/We hereby represent that I am physically and mentally able to participate in the above referenced Program and have no health problems which would present a risk to me in participating in this Program. I certify the participant has been seen by a healthcare provider within the last year. **Please Initial** _____

5. Emergency Medical Treatment I/We understand and agree that Releasees do not have medical personnel available at the location of the Program. I/We understand and agree that Releasees are granted permission to transport the participant to and to authorize emergency medical treatment, if necessary and that such action shall be subject to the terms of this agreement. I/We understand and agree that Releasees assume no responsibility for any injury or damage which might arise out, or in connection with such authorized emergency medical treatment. **Please Initial** _____

6. Insurance I/We represent that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury. I guarantee payment of all expenses incurred for transportation of participant to and receiving emergency medical treatment. **Please Initial** _____

7. Photos & Videos: I agree that any photographs or video taken of me and/or my child or testimonial given may be used for promotional, educational and/or publicity without any compensation or prior approval. **Please Initial** _____



TUCVM VET-STEP 2020

Program Agreement and Release of Liability

THIS IS A RELEASE OF LEGAL RIGHTS, READ BEFORE SIGNING.

I acknowledge that I have carefully read this agreement and fully understand its contents. I acknowledge that I am voluntarily executing this agreement of my own free will. After having the opportunity to consult with legal counsel of my own choosing, I acknowledge and understand that this agreement will release the Tuskegee University and its Releasees from any liability in connection with any injury or damages or losses suffered as a result of the Participant's participation in the above referenced Program. It is my intent that this release shall bind the members of Participant's family, estate, heirs, administrators, personal representatives, or assigns.

I acknowledge that I have read and understand the TUCVM Vet STEP 2020 Program Agreement and Release of Liability form. I hereby approve of the Participant's participation in the VET STEP 2020 Program.

I further state that I am the Participant's ___parent/___guardian, and am fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the participant, and for the participant's family, estate, heirs, administrators, personal representatives, or assign to be bound by same.

Participant Name: _____ Date: _____

Parent/Guardian Name: _____ Date: _____

Tuskegee University College of Veterinary Medicine
VET-STEP 2020
Medical Information Form (Continued)

Allergies: _____

Current Medication(s) _____

Medication(s) allergies: _____

Medical/Health Conditions: Please select all that apply

- | | |
|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Ear Problems | <input type="checkbox"/> Yellow Jaundice, Hepatitis |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Liver Disease |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Bone or Joint Problems |
| <input type="checkbox"/> Eye Problems | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Wear Glasses | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Kidney or Bladder Infection | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Stomach or Intestinal Problems | <input type="checkbox"/> Significant Injuries |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Heart Murmur |

Other _____

Emotional Illness _____ Yes _____ No

If you checked yes, did you have treatment? _____ Yes _____ No

Describe any Physical Disabilities or limitations: _____

Student's Name (Signature)

Date

Parent/Guardian's (Signature)

Date

**Tuskegee University College of Veterinary Medicine
Vet STEP 2020 Medical Care Authorization Form**

I hereby grant permission to the authorized representative of Tuskegee University College of Veterinary Medicine (TUCVM) to provide minor care to the (print student's name) _____ if needed. Further permission for emergency treatment, in the event of serious illness or the need for hospitalization and or major surgery, is granted, **conditional** upon the understanding that the representative of TUCVM will use all reasonable efforts to contact the emergency references (parent or guardian) named herein. Failure in such efforts however **should not** prevent the representative from providing such emergency treatment and allow the Student Health Center or any licensed physician, contracted by Tuskegee University as may be necessary for the best interest of the life of the above student.

I further understand and agree that Tuskegee University is not legally liable, financially or otherwise, for such emergency treatment.

Student's Name

Date

Parent/Guardian Name

Date

Please send Vet STEP 2020 application and supporting documents to:

Mr. James L. Perry

Vet STEP 2020

Tuskegee University College of Veterinary Medicine

Patterson Hall

1200 W. Montgomery Rd.

Tuskegee Institute, A136088