

# MONMOUTH UNIVERSITY

WHERE LEADERS LOOK *forward*

## **Monmouth University Icebreaker Medical Release Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent \_\_\_\_\_

Allergies \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to player \_\_\_\_\_

*I hereby release Monmouth University, its agents, assigns and employees, from any liability caused by, or arising out of participation in university-sponsored events. I recognize that there is a risk of injury associated with playing a sport and do hereby authorize the assigned staff member to provide emergency first aid. I authorize the staff member to act for me according to his or her best judgment in any emergency requiring medical attention. I also recognize that **ANY** medical treatment provided by sources other than the staff member on duty, such as hospitalization, will be my financial responsibility.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

---