

Florida A&M University  
**Statement of Voluntary Medical Authorization and Consent**  
General Release and Waiver of Liability

In consideration of my voluntary participation in the \_\_\_\_\_ Program/Project offered through Florida A&M University, I (name of participant) \_\_\_\_\_, understand that there is the possibility of an accident, illness or injury to my person. I do hereby voluntarily consent and authorize Florida A&M University, acting by and through the Florida Board of Regents, its agents, faculty and staff working with the program/project, full authority in the event of an accident, illness or injury to my person, to take whatever measures and actions they consider necessary and warranted under the circumstances to protect, safeguard and minimize further injury to my health and safety. I understand that such actions may involve or require placing me in a hospital for medical services and treatment, or if no hospital is readily available, to place me in the care of a local physician for treatment.

I further understand that treatment by a physician and the transporting of me back to my home or destination desired by my parents or guardians by commercial airline or otherwise, will be a debt and liability that I, my parents or guardians are responsible for.

I hereby further declare, represent and agree, that in the event that Florida A&M University has to exercise the above voluntarily given medical authorization and consent, that I do hereby hold harmless and release and forever discharge Florida A&M University or the sponsoring member of the FAMU/Historically Black Colleges and Universities International Consortium, the Florida Board of Regents and other agents or faculty of the university from all claims and demands whatsoever, which the undersigned or any person acting in behalf of the undersigned, his or her, and representative has or may have against the University, the Consortium or the Board of regents by reason of use, exercise and implementation of the above set forth voluntarily given medical authorization and consent resulting from my participation in the program/project

I, certify by my signature below, that as a participant in the program/project, I have comprehensive International medical insurance coverage that will continue in effect during this program/project.

My insurance company is \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_  
Policy I.D. No. \_\_\_\_\_

In tendering this Statement, I fully understand and acknowledge that I am taking responsibility for following safety rules, university regulations, program guidelines and public regulations recommended and instituted for public safety and welfare. I have read this document, understand its contents and execute it on my own free will and choice

IN WITNESS Whereof, I execute this instrument on (date) \_\_\_\_\_, \_\_\_\_\_.

Participant's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Witness' Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Co-Signature of parent/guardian if participant is under 18 years old \_\_\_\_\_  
Day Phone \_\_\_\_/\_\_\_\_/\_\_\_\_ Evening Phone \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Signed \_\_\_\_\_

(Participant should make copy of this waiver for personal records)