

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

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

I hold TTUHSCEP, its representatives, agents, or other responsible party who is a member of _____ (*Organization, Sponsoring Group*) harmless from any 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 requesting emergency medical treatment on my behalf in the event of such need.

Signature of Student

Date

Signature of Witness

Date