

**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 (TTUHSC El Paso) and hereby give TTUHSC El Paso, 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 TTUHSC El Paso activity which is organized, sponsored, and/or funded by TTUHSC El Paso and involves the travel of at least twenty-five (25) miles from the TTUHSC El Paso campus.

I hold TTUHSC El Paso, 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 above the age of 18 years and have read this Authorization for Emergency Medical Treatment, understand its conditions, have knowingly and voluntarily signed the same, and am voluntarily requesting emergency medical treatment on my behalf in the event of such need.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date