

Lewis University - Romeoville, IL

Name: _____

Address: _____
Street City Zip

Day Phone (Including area code) Evening Phone (Including area code)

In case of an emergency, please notify _____
Print Name

Day Phone (Including area code) Evening Phone (Including area code)

Allergic to medication/other? No _____ Yes _____

If yes, Please describe: _____

Policy in the name of: _____

Insurance Company: _____

Identification Number: _____

Authorization Physician: _____

Physicians Phone Number: _____

I, _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Lewis University, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in the event.

In the event that I should require medical treatment and I am not able to communicate my desires to be attended by physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered.

I agree and understand that by signing the Electronic Signature Acknowledgement and Consent Form, that all electronic signatures are the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement.

Signature _____ Date _____