

**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