



UNIVERSITY OF
SOUTH FLORIDA
ST. PETERSBURG

2009-2010

Emergency and Medical Information Form

(Please, print the following Information and sign and date at the bottom.)

Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Telephone _____

Known Ailments/ Allergies: _____ Medications currently prescribed: _____

_____ Date of last Tetanus Shot _____ Blood Type: _____

Is there any other medical information that may be helpful to medical personnel should you need assistance in the event of an emergency?

In Case of an Emergency Contacts: Required Fields

Name _____

Name _____

Relationship _____

Relationship _____

Telephone _____

Telephone _____

I, the undersigned, do hereby authorize and consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general supervision of any member of the medical staff or of a dentist licensed under the provisions of the State Education Law and/or Public Health Law of the state and on the staff of any hospital holding a current operating certificate issued by the State Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that an effort shall be made to contact the abovementioned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the abovementioned cannot be reached.

Signature _____ Date _____

Member Information: (Please select one)

Student Faculty/Staff Alumni/Affiliate Affiliate Organization _____

Membership Information: (Please select one)

No Fee: Includes access to Pool, Aerobics Rm, Locker Rm, Racquetball & Basketball courts

Monthly (\$25.00*) Semester (\$80.00*/4 months) Annual (\$200.00*)

****Faculty/Staff, Alumni & Affiliates have to show employee ID or Alumni Association Membership ID**

Community Information: (Please select affiliation and membership information)

Student Family Sponsored Guest Staff/Faculty Sponsored Guest: Monthly ONLY (\$25.00*)

Public Membership: Six-month (\$175.00*) Annual (\$300.00*)

****Student, Faculty/Staff Family Sponsored Guests must reside at the same address and show proof**

Daily Guests & Group Exercise Pass Information:

Fit-4-Life Only Day Guest Fitness Center Day Guest Waterfront

*Tax applicable

**Please note



2009 – 2010

Student Life Programs, Equipment, Facilities and Photography Waiver

I, the undersigned, hereby acknowledge my receipt of the permission and privilege to participate in the all Waterfront and Fitness Programs and related equipment and facility use as a member or guest of the duly recognized University of South Florida St. Petersburg Student Life Office. In consideration of the permission and privilege allowed me hereunder, I do hereby specifically agree that I will indemnify, save, and hold harmless the University of South Florida St. Petersburg Student Life Office, its officers, agents, employees, and all persons whether participants or spectators at or elsewhere, from any or all losses, claims, actions, or proceedings of any and every kind and character which may be presented or initiated to recover money, property, or damages for any injuries to persons, or injurious results, or any damages to property suffered during the conduct of the above event described, and arising directly or indirectly from any activity by me as a member or participant.

In accepting the permission and privilege to participate under this waiver, release and hold harmless agreement, I understand that this waiver, release and hold harmless agreement extends to and applies to any personal injuries, injurious results, damages or losses which I, myself, may experience or sustain while participating in recreational sports, fitness training, and related activities. I covenant for myself, my estate, executors, heirs, and assigns, not to file suit or initiate any claim procedures in respect to any personal injuries, property damages, or losses I may experience or sustain arising directly or indirectly out of my activities hereunder.

I freely assume all risks, hazards, and losses which may befall me in connection with my exercise of the permission and privilege allowed me hereunder.

This waiver, release, and hold harmless agreement shall apply to any and all activities associated with the USF SP programs by the undersigned on the area in use by the University of South Florida St. Petersburg Student Life Office.

I do hereby grant to Photographer, their employees or assigns, permission to photograph and use such photographs of me, in any manner for the University of South Florida. Such use to include, but is not limited to: publication, display, advertising, editorial illustration, resale, web use, etc. I hereby swear that I am of sound mind and body to agree to all the terms stated above.

I, the undersigned, also relieve of all responsibility of my participation in the above described event, the Board of Education, the Board of Trustees, and the University of South Florida St. Petersburg, their officers, agents, employees, and all persons connected.

Signature

Date

Witness (Parent approval required in place of witness if participant is under age 18.)

State of Florida
County of Pinellas

Revised: July 16, 2009 TMP