

**McNAIR SCHOLARS PROGRAM
UNIVERSITY OF MONTEVALLO**

RELEASE FORM

Event: _____ Location: _____

Release and Assumption of Risk

I, _____, in consideration of the University of Montevallo and the Ronald E. McNair Postbaccalaureate Achievement Program, allow myself to participate in the program or trip listed above. I hereby agree to the following: (1) I release UM and McNair Program staff from liability for damage or injury which I may sustain as a result of my travel or attendance at the listed event; (2) I agree to protect, hold harmless, and identify the UM community against all claims, suits, and liabilities, of demands for personal injuries to any person and/or property growing out of my participation in said event; (3) I specifically assume all risks associated with participation of the events and all else related to the event, as well as travel to and from all activities; and (4) I agree to be responsible for my own personal belongings and will not hold UM or McNair responsible for any personal items that may be lost, damaged, left behind, etc.

Scholar Signature

Date

McNair Scholar Agreement

As a participant if the McNair Scholars Program at the listed event, I understand that I am a representative of both my institution and federal TRiO Programs. As my intent is to represent my institution in a positive manner and to gain from the opportunities offered during the listed event, I agree to the following:

1. To conduct myself in a responsible and professional manner that reflects favorably on UM and the McNair Program.
2. To take full responsibility, personally and financially, for my conduct at said event.
3. To report any behavior that would reflect poorly on UM or the McNair Program.
4. To attend said event once committed or, barring any major emergency, pay for any expenses incurred to the point of cancellation.

Scholar Signature

Date

Emergency Contact Information

Emergency/Medical Information:

Physician's Name: _____ Phone: _____

Drug allergies: _____

List any physical condition(s) we should be aware of: _____

List any medication(s) you currently take: _____

Medical Insurance:

Insured's Name: _____ Policy #: _____

Company: _____ Phone #: _____

IN CASE OF MEDICAL EMERGENCY: I hereby give permission for the administration of first aid by the McNair Staff for treatment of authorized physician or for hospitalization. I release UM and the McNair Program from all liability related to participation in said event. I understand my parents and/or other person listed will be contacted in the event of an emergency.

Emergency Contacts:

Name: _____

Name: _____

Relationship to Scholar: _____

Relationship to Scholar: _____

Phone Number: _____

Phone Number: _____

Alternate Number: _____

Alternate Number: _____

By signing below, I certify that the above information is correct to the best of my knowledge.

Scholar Signature

Date