

## MEDICAL CONSENT AGREEMENT

If I should require medical treatment because of injury or illness during the trip, I consent to such treatment in an emergency, or if at the time of injury or illness, I am unable to consent to such treatment.

I acknowledge that Montana State University does not provided health and/or accident insurance for trip participants and I agree to be financially responsible for any medical bills incurred as a result of an emergency or other medical treatment I may require while participating in the Program. In the case of injury or incident, I will be responsible for my own travel arrangements home as well as any expenses accrued for these arrangements.

I agree to notify the sponsoring unit in writing if I have medical conditions about which emergency medical personnel should be informed and MSU will then notify the Trip Coordinators of the conditions.

I acknowledge that I have read the foregoing MEDICAL CONSENT, understand it, and sign it voluntarily. I am at least eighteen (18) years of age. I am fully competent and I fully intend to be bound by the terms of this agreement. I understand that this document and the information I provide regarding my medical conditions will be shared with medical personnel in the event of medical necessity.

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Participant Signature

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Date

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Printed Name