

Print or type name: _____

RELEASE AGREEMENT

I/We have read and accept the Rules and Regulations of the Ohio Wesleyan University and accept the conditions of the Release enumerated in the Announcement.

Date: _____ Applicant's Signature:

Please print or type name here: _____

Date: _____ Parent's (Guardian's) Signature: _____

Please print or type name here: _____

PERMISSION FOR EMERGENCY TREATMENT

On rare occasions, an emergency requiring hospitalization and/or surgery develops. Since minors may not, as a rule, be administered an anesthetic or operated upon without the written consent of the parent or guardian, we request the parents or guardians to sign the following statement. This is to prevent a dangerous delay in case an emergency does occur and we are unable to contact parents or guardians.

In the event of sickness, or injury to our son/daughter/ward, _____, born _____, we hereby authorize the representative abroad of Ohio Wesleyan University to secure whatever treatment is deemed necessary, including the administration of an anesthesia and surgery.

Date _____ Signature _____

Relationship _____

Date _____ Signature _____

Relationship _____