

Lake-Sumter State College
Student Travel Form

Name _____ **Activity:** Phlebotomy Practical – Part II **Date(s):** _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact _____ Phone _____ Relationship _____

Please list any pertinent medical information (including physical limitations, conditions, or known allergies)

Insurance Provider _____ Policy # _____

Phone _____

PARTICIPANT RELEASE

Before executing this Participant Release, you are cautioned to read the provisions carefully and, if not fully understood, consult with your attorney.

As a participant in activities of Lake-Sumter State College, I, _____ willingly execute this release for my participation in the above listed College sponsored activity. I hereby release from liability and hold Lake-Sumter State College and Fulcrum Clinical Laboratories, Inc. harmless from any and all claims and causes of action that might be brought by me or my parents or dependents for loss of property, personal injury, or death sustained by me arising from travel or activity conducted by or under the control of Lake-Sumter State College, as used herein, shall include the employees, administrators, agents, and Board of Trustees of Lake-Sumter State College and Fulcrum Clinical Laboratories, Inc.

Signature of Participant

Date

Parents or legal guardians of students under 18 must complete the following: I hereby approve the foregoing agreement and join in the release.

Signature of Parent/Guardian

Date