

EMERGENCY TREATMENT RELEASE OF LIABILITY FORM

- 1. RELEASOR.** This Emergency Treatment Release of Liability ("Release") is made on _____ by _____, with a mailing address of _____ ("Releasor").
- 2. CONSENT.** The Releasor, being eighteen (18) years of age or older, having been fully informed of the hazards and possible consequences, as well as the alternative methods of treatment, involved in treating the Releasor by means of emergency medical treatment, first aid, or other forms of reasonable care within the scope of the circumstances, as necessary for the relief or prevention of pain, suffering, or any immediate threat or condition requiring attention as a result of the emergency situation, hereby grants consent and authorizes _____, with a mailing address of _____ ("Healthcare Facility"), to treat the Releasor in such manner.
- 3. WAIVER.** The Releasor hereby waives, relinquishes, and releases any and all claims, demands, or causes of action which may arise against the Healthcare Facility, the attending health care provider and all officers, employees, and contract staff of the Healthcare Facility accruing directly as a result of each treatment, or as an indirect result of the administration of such medical treatment which, in the discretion of the health care provider, was reasonably necessary or advisable for dealing with an emergent health care problem.
- 4. GOVERNING LAW.** This Release shall be governed under the laws located in the State where the health care is provided.

The Releasor affirms that he/she has read this Release and understands the contents thereof, and that such Release is given of his/her own free act and deed and not under any undue influence, threat, or coercion.

Releasor's Signature: _____ **Date:** _____

Print Name: _____