

## Emergency Contact Form and Release

In order to participate in the Karst Field Studies Program you must provide two emergency contacts and by providing these you authorize Western Kentucky University to report medical and other personal information as deemed necessary by any Western Kentucky University, medical, or other involved agents:

Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Phone numbers (please provide as many as possible): \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Phone numbers (please provide as many as possible): \_\_\_\_\_  
\_\_\_\_\_

In the event of needing medical attention do you have any conditions or are you taking any types of medication that medical personnel need to be aware of?

YES      NO

If yes please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS IS A RELEASE OF LEGAL RIGHTS. BE CERTAIN YOU READ AND UNDERSTAND THIS RELEASE BEFORE SIGNING IT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Please send a hardcopy or electronic copy of this form to**

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