

Exhibit B – Refusal to Seek Medical Treatment

Refusal to Seek Medical Treatment

I fully understand that it has been recommended that I seek immediate professional medical treatment for my injuries or illness. However, I decline to seek professional medical attention at this time. I hereby indemnify and save harmless the Southwest Wisconsin Technical College District, its directors and staff from any liabilities that may arise from further illness, injuries or complicating conditions caused by my decision to delay professional medical treatment.

(Signature of Injured/Ill Person)

(Signature of Witness)

(Date)

(Date)

(Signature of Staff on Scene)

(Date)