

RELEASE FORM

Camp: _____

Date: _____

All physical activity inherently carries some risk of injury, and certain types of activity are not appropriate for persons with limiting medical/health conditions. It is recommended that each student or participant obtain a medical examination by a qualified medical doctor and be covered by an adequate accident and hospital insurance policy before participating in any program or activity requiring physical activity or exertion. If a student or participant is injured or has need of medical attention, the Camp Staff will obtain whatever medical or ambulance service is needed to clear the medical emergency. However, it is understood that the student or participant is responsible for the cost of these services.

I recognize that every activity has a certain degree of risk, some more than others. I knowingly and voluntarily assume the risk of these injuries, regardless of severity, which from time to time occur as a result of participation in physical activities.

I will not participate in any activity if I am not in physical condition or if I have not been provided instruction and orientation sufficient for my safe participation.

I am either insured by a licensed provider of accident or health care insurance, or I assume personal risk of not being insured.

I hereby release Louisiana Tech University, the University of Louisiana System, State of Louisiana, all State Departments, Agencies, Boards and Commissions, and their respective officers, employees, agents, or representatives from any and all liability, claims, cost, expenses, injuries, illness, or loss resulting from, in whole or part, including attorney fees, for my participation in the Camp shown above.

I, the undersigned, am at least eighteen (18) years of age and have read this release from and understand all its terms. If I, the undersigned, am under the age of eighteen (18) years, in addition to my signature my parent or legal guardian also shall state their having read, signed, and understood this release form and all its terms.

Date

Participant (Over 18 years of age)

Date

Parent or Guardian (only if participant is less than 18)

Insurance Provider: _____

Name on Card/Insurance Policy: _____

Policy Number: _____

Attach copy of front/back of insurance card if available