

Medical/Liability Release Form

Participant's Name: _____

Camp/Clinic: _____

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. Participant is aware of the risk and knowingly and voluntarily assumes the risk of these injuries, regardless of severity, which may occur due to participation in the Camp/Clinic described herein. Participant represents that participant is in the necessary physical condition to participate and have the requisite knowledge to safely participate. If participant is injured or needs medical attention, the Camp/Clinic Staff will obtain whatever medical or ambulance service is needed to clear the medical emergency; however, it is understood that participant is responsible for the cost of these services. Participant hereby releases the Camp/Clinic, 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, participant's participation in the Camp/Clinic described herein.

I, the undersigned, am at least eighteen (18) years of age and have read this release form 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 his/her having read, signed, and understand this release form and all its terms.

Date:

Participant's Signature

Date:

Parent or Guardian Signature (only if participant is under 18)