

## 2017 LSU Tiger Volleyball Camp Medical & Liability Form

<b>Camper's Name</b>		<b>Health Insurance Company</b>
<b>Name of Individual on Policy</b>		<b>Policy Number</b>
<b>Emergency Contact Name</b>	<b>Relationship</b>	<b>Phone Number</b>
<b>Current Medications</b>		<b>Allergies/Reactions</b>
<b>Past Illness/Special Needs</b>		

I/we, the undersigned, hereby certify that I/we are the parent(s) or legal guardian(s) of the minor identified below ("Camper"). I/we further certify that the Camper is physically capable of participating in the Camp and all related activities. Upon request by Camp, I/we agree to provide a physician's certificate confirming the Camper's fitness to participate in Camp activities. The undersigned do hereby authorize Fran Flory or such substitute as he/she may designate as agent for the Undersigned to consent to any X-Ray, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the Camper which is deemed advisable by and to be rendered under the general or special supervision of any licensed physician/surgeon/dentist or other licensed health care provider, whether such diagnosis or treatment is rendered at the office or said physician/surgeon/dentist or other licensed health care provider, at a hospital, or elsewhere. As a condition to the Camper's participation in the Camp, the undersigned individually and on behalf the Camper, our heirs, executors, and administrators, hereby waive, release and forever discharge Camp, the Board of Supervisors of Louisiana State University and Agricultural and Mechanical College, Tiger Sports Camps, Inc., and their respective Owners, members, directors, officers, agents, consultants, employees, independent contractors, and insurers (collectively, the "Released Parties"), from any and all liability, claims, demands, actions, and causes of action arising out of or related to any loss, personal injury, disease, illness and property damage that may be sustained or occur during participation in the Camp's activities, including but not limited to all related activities including transportation to and from Camp venues, housing, meals, medical diagnosis and care, whether or not such losses, injuries or damages are due to the negligence, strict liability or other legal fault of one or more of the Released Parties.

### RELEASE OF LIABILITY

**I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS AUTHORIZATION.**

**Parent/Guardian PRINT Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Email:** \_\_\_\_\_

*\*\*NCAA rules prohibit payment of camp expenses (transportation, camp tuition, spending money, etc.) by representatives of LSU's athletic interests. Furthermore, NCAA rules prohibit free or reduced camp admission privileges for prospective student-athletes in the ninth (9th) grade or above.*

*\*\*This camp is owned and operated by LSU Tiger Volleyball Camp, and is not sponsored or administered by LSU.*