

## 2011 LSU Tiger Volleyball Camp Medical & Liability Form

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

**PHYSICIAN'S PERMISSION:**

I hereby certify that \_\_\_\_\_ is physically fit to participate in an active volleyball program and that I know of no physical impairments which would, in any manner, limit their participation in such a program.

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* Physician's signature may be replaced with a copy of the camper's physical form from the 2010-2011 school year. Campers **WILL NOT** be permitted to participate without this form completed with parents signature, and doctor's signature **OR** a copy of the physical attached. **NO EXCEPTIONS.**

### RELEASE OF LIABILITY

I/we, the undersigned, hereby certify that I/we are the parent or legal guardian of the camper. I/we further Certify that the camper is physically capable of participating in the Camp and all related activities. Upon request by the Camp, I/we agree to provide a doctor's certificate confirming the camper's fitness to participate in Camp activities. I/we hereby give permission for the staff of LSU Tiger Volleyball Camp to seek appropriate medical treatment for the camper during the period of the Camp and for the camper to receive medical attention in the event of an accident, injury, disease or illness. I/we will be responsible for all costs of medical attention provided.

As a condition to the camper's participation in the Camp, I/we, for ourselves individually and on behalf of the camper, our heirs, executors, and administrators, hereby waive, release and forever discharge Louisiana State University, its governing board, directors, officers, agents, consultants, employees, independent contractors and volunteers, Tiger Sports Camps, Inc., its directors, officers, agents consultants, employees, independent contractors and volunteers, LSU Tiger Volleyball Camp LLC, and Camp, its owners, directors, officers, members, partners, staff, agents, consultants, employees, independent contractors and volunteers (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 or property damage that may be sustained or occur during participation in (including periods of rest or other activities related to) or otherwise be associated with the Camp and/or any duties or the breach of any duties that the Released Parties have or are alleged to have to the player or the undersigned in connection with the player's transportation to, transportation from, participation, lodging, meals and medical decisions relating to the Camp, whether or not such damages, injury or loss is due to the negligence, strict liability or other legal fault of one or more of the Released Parties.

**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.