

Release, Waiver, and Authorization for Medical Treatment

I, the undersigned parent/legal guardian of _____, authorize my child's full participation in the LA GEAR UP Explorers Camp program, including all related camp activities. I understand the activities are not without some inherent risk of injury. In consideration of my child's right to participate in this activity, I agree to release, waive, discharge, agree not to sue, and agree to hold harmless for any and all purposes LA GEAR UP, Louisiana Tech University, University of Louisiana at Lafayette, Grambling State University, the University of Louisiana at Monroe, the Louisiana Board of Regents, their officers, employees, agents, and volunteers (Releasees) from any and all liabilities, claims, or injuries, including death, that may be sustained while participating in this activity, or while on premises owned or controlled by Releasees, **including injuries sustained as a result of negligence of Releasees**. I understand this release does not apply to injuries caused by intentional or grossly negligent conduct on the part of the Releasees. I further agree to indemnify and hold harmless Releasees for any loss, liability, claim, or injury caused by my child while participating in this activity, including traveling to, from, and for the activity, or while on premises owned or controlled by Releasees.

I also give my permission for my child to receive any emergency medical treatment by a healthcare professional, including emergency medical transportation, which may be required for injuries sustained by my child. **I agree to indemnify and hold harmless Releasees for any costs incurred to treat my child, even if Releasee has signed hospital documentation promising to pay for treatment.**

<p>Print Camper's Name: _____</p> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p> <p style="text-align: center;"><i>I also agree to follow all instructions and procedures in order to maintain a maximum level of safety.</i></p> <p>Camper's Signature: _____ Date: _____</p>

<p>Social Security Number:</p> <p>□□□□ - □□ - □□□□□□</p>

<p>If the participant has medical insurance, please indicate the:</p> <p>Insurance Company: _____</p> <p>Policy Number: _____</p> <p>Name of Primary Policy Holder: _____</p>
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