



**Office of Orientation – SOUL Camp 2010
Medical Information/Liability Waiver**

Name _____ Student ID # _____

Address _____

City, State, Zip _____

Telephone (____) _____ - _____ Cell Phone (____) _____ - _____

MEDICAL /EMERGENCY INFORMATION:

Parent or Guardian who may be contacted in case of emergency:

Name _____

Address _____

City, St. Zip _____

Phone (include area code) _____

Family Physician's Name _____

Telephone (include area code) _____

Health condition (s) requiring special attention: _____

Any medications (prescribed or over the counter) taken regularly that should be made known in case of emergency? _____

Do you have special dietary needs? No _____ Yes _____ If yes, explain _____

Drug, food and other allergies: _____

_____ (please initial) I understand and acknowledge there are certain risks in participating in *SOUL Camp* and that various activities offered at the camp may constitute risk of personal injury. I hereby give my consent for any medical treatment that may be required during the *SOUL Camp* and I absolve the University of Louisiana at Lafayette, Office of Orientation, *SOUL Camp* Staff, and any contracted agencies and their employees from all liabilities, claims, suits, and/or demands for injuries to any person or property resulting from my participation.

I am responsible for notifying the University of Louisiana at Lafayette *SOUL Camp* Staff of any changes in my medical / physical condition or in my medication(s).

INSURANCE INFORMATION:

Name of Insurance Company _____

Address _____

Telephone (include area code) _____

Group # _____

Policy # _____

Policy Holder's Name _____

Relationship of Insured to Policy Holder _____

WAIVER, RELASE and INDEMNIFICATION

The University of Louisiana at Lafayette ("University"), and its agents, officers, board members and employees hereby give notice that all arrangements for transportation are made upon the express condition that the University and its agents, officers, board members and employees shall not be liable for any injury, death, damage, loss, accident, or delay which may be occasioned by any company or person engaged in conveying the passengers or carrying out arrangements of the program. Under no circumstances shall the University and its agents, officers, board members and employees be liable for damage or loss of any kind, including but not limited to, loss of personal property, possessions or monies; personal illness; injury, arrest, or conduct of any participant throughout the program. Participant agrees to assume all risk of injury and loss that may arise as a result of participating in this activity.

I intend this waiver and release to be effective whether or not any loss, damage, injury or death results from negligence of the University parties.

READ BEFORE SIGNING BELOW. I HAVE READ THE FOREGOING RELEASE AND COVENANT NOT TO SUE. I FULLY UNDERSTAND THAT I AM RELEASING ANY AND ALL CLAIMS I, OR ANY PERSONS ACTING ON MY BEHALF, HAVE AGAINST THE UNIVERSITY PARTIES AS SET FORTH ABOVE. I HAVE SIGNED THIS AGREEMENT VOLUNTARILY WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL CLAIMS TOTHE GREATEST EXTENT ALLOWED BY LAW.

_____/_____/_____
Participant's Signature* **Date**

*If participant is under 18 years of age, a parent or guardian must also sign:

_____/_____/_____
Parent or Guardian Signature **Date**