## **Camper Release of Liability Waiver**

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 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 [Nikki Caldwell Basketball Camp] ("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, 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 camper or the undersigned in connection with the camper'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.

Print Camper Name		
Print Name (parent/legal guardian)	Date	
Signature (parent/legal guardian)		
Cell phone number parent		
Email address parent		

## 2012 Nikki Caldwell Basketball Camp Medical Information Form

Insurance Company (please include copy of insurance car	rd)	Policy Number
Name of Individual on Policy		Campers Name (if different)
<b>Emergency Contact Name</b>	Relationship to Camper	Phone Number
<b>Current Medications</b>	Allergies/Rea	ctions
Past Illness/Special Needs		
camp to act on my behalf forevaluation/treatment of minor mediactivities involves normal basketbal such carries with it the risk of injurginsurance. All medical expenses in family. I understand that should a riby telephone. In the event that I can and Louisiana State University and may be sustained by my child while indemnify Nikki Caldwell Basketbal	in cal problems. I understand that I related physical activity durity or death. All campers must be curred will be the responsibility major medical problem arise, a number of the reached, I hereby release all its employees from all claims attending the Nikki Caldwell all Camps and Louisiana State ented to my minor camper for plants all qualified applicants were sexual orientation.	by of the camper or the camper's in attempt will be made to notify me use Nikki Caldwell Basketball Camps in account of any injuries which Basketball Camp. I also agree to University and its employees for any publicity, advertising, or other ithout regard to disability, race, color, UNDERSTAND THIS

Nikki Caldwell Basketball Camps, Athletic Admin. Bldg, N. Stadium Dr., Baton Rouge, LA 70803