

MEDICAL INFORMATION AND RELEASE
SOUTHEASTERN LOUISIANA UNIVERSITY VOLLEYBALL

Participant Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Date of Birth: _____

Health/ Accident Insurance Carrier: _____

Policy No: _____ Group No: _____

Personal Physician: _____

Physician's Address: _____
(Street) (City) (State) (Zip Code)

Physician's Phone No.: _____

PARENT, LEGAL GUARDIAN, OR OTHER PERSON WHO HAS LEGAL AUTHORITY TO AUTHORIZE MEDICAL TREATMENT OF PARTICIPANT IN CASE OF EMERGENCY. PLEASE CONTACT:

Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Home No: _____ Work No: _____ Cell No: _____

Please list any medical programs (continue on back if needed): _____

List any allergies to food, pollen, or medicine: _____

List any medications being taken at the present: _____

GENERAL RELEASE / RECOGNITION AND ASSUMPTION OF RISK

I hereby authorize the directors of the SELU Volleyball Camps to act for me, according to their best judgment, in any emergency requiring medical attention to my child. This includes x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care. I hereby release SELU Volleyball Camps employees and agents from any claims, which may hereafter be presented by my child as a result of such injuries. I know of no mental or physical problems, which may affect my child's ability to safely participate in camp. I therefore give permission for any emergency care to be given, including transportation, and accept responsibility for that cost.

I hereby waive, release, discharge, and covenant not to sue the camp program, the SELU Athletics Dept, Southeastern Louisiana University, the Louisiana University System, the State of Louisiana, their officers, servants, agents, or employees from any and all liability, claims, demands, action and cause of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted.

PHOTO RELEASE

PARTICIPANT and I hereby grant to SELU the right to reproduce, use, exhibit, display, broadcast, distribute, and create derivative works of university related photographs or videotaped images of PARTICIPANT for use in connection with the activities of the university or for promoting, publicizing, or explaining the school or its activities. This grant includes, without limitation, the right to publish such images in the university's student newspaper, alumni magazine, on the university's Web site, and public relations / promotional materials, such as marketing and admissions publications, advertisements, fund-raising materials and any other university-related publication. These images may appear in any of the wide variety of formats and media now available to the school and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media. All photos taken are without compensation to PARTICIPANT. All electronic or non- electronic negatives, positives, and prints are owned by the university.

I have read and executed this document with full knowledge of its legal significance.

PARENT / LEGAL GUARDIAN'S SIGNATURE DATE