

❖ **Consent Release**

In consideration of my participation (or my child's participation) in LSU Alexandria's Lieutenants program, I _____, on behalf of myself, heirs, legatees, personal representatives and all those claiming by or through me consent to, and so hereby discharge and release and forever hold harmless LSU Alexandria and their athletic director, administrators, coaches, staff, volunteers, players, affiliates, sponsors, employees, assigns, successors and heirs and any facility at which events are held, from any and all claims, actions, losses, damages, or expenses for personal or bodily injury (including death) and property loss or damages of whatever nature or cause, incurred by me (or my child's) participation in the aforementioned activity, I hereby consent I am of legal age and capacity and have read and understand the contents of the Consent Release.

Signature of Participant

Parent or Legal Guardian

❖ **Emergency Hospital Permission**

I, the undersigned participant/parent/guardian, understand that although the LSU-Alexandria Lieutenants program staff closely supervises the participants, LSUA or the Lieutenants Program staff is not responsible in cases of accidental injury or illness. In the event first aid is necessary; it will be available on site. I give permission to the physician selected by the Lieutenants program staff to order x-rays, routine tests and treatment for the health of myself/child. In the event I cannot be reached in an emergency for my child, I give permission to secure proper treatment for (hospitalize, order injections and/or anesthesia and/or surgery) for my child.

Doctor's Name: _____ Phone: _____

List all allergies or special medical information: _____

Signature of Participant

Parent or Legal Guardian

❖ **Medical Waiver**

You are hereby advised by the LSU Alexandria Lieutenants program that before participation (or allowing your child to participate) in the program of vigorous physical activities involved in Lieutenants program, you (or your child) should have a medical exam by a qualified medical doctor for the purpose of establishing the child's complete physical soundness for participation in athletic camps/programs activities. By signing, you waive this medical exam and any responsibility on the part of LSU Alexandria for obtaining a medical examination for your child or having adequate medical insurance.

I have read and understand this waiver.

Signature of Participant

Parent or Legal Guardian

❖ **Photograph Consent Form**

I hereby consent to have my (or my child's) photograph, name, and comments appear at no charge in any publication produced by LSU Alexandria to promote the University and its programs. I understand that these publications may be distributed to individual citizens, news media, community and political leaders throughout the state.

Participant's Name (please print) Telephone

Signature of Participant/Parent/ Legal Guardian Date

Address City State Zip Code