



**TULANE UNIVERSITY ATHLETICS CAMPS
Parental Permission and Release of Liability Form**

I, _____, am the legal parent/guardian of _____,
(Parent/Guardian Name) (Participant Name)
("my child"), and give permission for my child to attend and participate in the Tulane University
_____, which will be held on ____/____/____ to ____/____/____.
(Camp Name)

In consideration for my child being able to participate in this CAMP, I hereby:

1. Understand and acknowledge that this CAMP affords my child the opportunity to participate in activities, including, but not limited to: [INSERT A LIST OF SPECIFIC CAMP ACTIVITIES HERE]. There are inherent risks associated with these activities, including but not limited to bodily injury, temporary or permanent disability, death and/or property loss. I choose to voluntarily allow my child to participate in this CAMP. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.
2. Release, waive, and discharge Tulane University, and Tulane's agents, officers, administrators, directors, insurers, employees, volunteers and representatives from any and all claims, demands, suits, losses, expenses or liabilities (including attorneys' fees) sustained by my child as a result of traveling to and from the CAMP's destinations and/or my child's participation in any and all CAMP activities, including free time or including any first aid or onsite medical treatment provided by Tulane University, whether caused by negligence of Tulane University, its agents, officers administrators, directors, insurers, employees, volunteers or representatives, or otherwise.
3. Acknowledge that injuries and/or death could occur even where my child and CAMP staff use all due care.
4. Agree to indemnify and hold harmless Tulane University and Tulane's agents, officers, administrators, directors, insurers, employees, volunteers and representatives for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my child's negligent or intentional act or omission while participating in this CAMP, including travel to, from, and for the activity, or while on premises owned or controlled by Tulane University.
5. Agree and acknowledge that I know of no medical reason as to why my child should not participate.
6. Authorizes representatives of the University, in the event of an accident or serious illness, to obtain medical treatment, including emergency medical transportation, for my child. I hold harmless and agree to indemnify the University from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my child that may occur during his or her participation in the

CAMP. I understand that reasonable effort will be made to contact me, or the emergency contacts listed below, prior to such action.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY.

Parent/Guardian Signature: _____ Date: ____/____/____

Address of Parent/Legal Guardian: _____

1st Emergency Contact Name: _____ Phone #: _____

2nd Emergency Contact Name: _____ Phone #: _____