



Office of Orientation – *SOUL Camp*
Medical Information/Participation Agreement

Name _____ Student ID # _____

Address _____ City, State, Zip _____

Cell Phone (____) _____ - _____

MEDICAL /EMERGENCY INFORMATION:

Emergency Contact Person:

Name _____

Address _____

City, St. Zip _____

Phone (include area code) _____

Family Physician's Name _____

Telephone (include area code) _____

Any medical conditions that will impact your participation in *SOUL Camp*?:

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: _____

INSURANCE INFORMATION:

Name of Insurance Company _____

Address _____

Telephone (include area code) _____

Group # _____

Policy # _____

Policy Holder's Name _____

Relationship of Insured to Policy Holder _____

WAIVER, RELEASE and INDEMNIFICATION

READ BEFORE SIGNING BELOW.

I understand and acknowledge there are certain risks in participating in *SOUL Camp* and that various activities offered at the camp have a certain degree of risk, some more than others. By participating, I knowingly and voluntarily assume any and all risk of injuries, regardless of severity, which from time to time may occur as a result of my participation in *SOUL Camp* and other activities through University of Louisiana at Lafayette (“UL Lafayette”).

I hereby give my consent for any medical treatment that may be required during *SOUL Camp* and I absolve UL 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 hereby certify I have adequate health insurance to cover any injury or damages that I may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages, myself. I understand and agree that I, alone, am responsible to determine whether I am physically and mentally fit to participate, perform, or utilize the activities, programs, equipment or facilities available at *SOUL Camp* and UL Lafayette, and that I am not relying on any advice from *SOUL Camp* and/or UL Lafayette in this regard. I am responsible for notifying the UL Lafayette *SOUL Camp* Staff of any changes in my medical / physical condition or in my medication(s).

UL Lafayette and its agents, officers, board members, employees, student workers, student interns and volunteers hereby give notice that all arrangements for transportation are made upon the express condition that UL Lafayette and agents, officers, board members, employees, student workers, student interns and volunteers 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.

Further, I hereby RELEASE AND HOLD HARMLESS, UL Lafayette, the State of Louisiana, Louisiana Board of Regents, the University of Louisiana Board of Supervisors, Office of Orientation, *SOUL Camp* Staff, their respective members, officers, employees, student workers, student interns, volunteers, agents, representatives, institutions, and/or departments and any contracted agencies and their employees from any and all liability, claims, damages, costs, expenses, personal injuries, illnesses, death or loss of personal property resulting, in whole or in part, from my participation in UL Lafayette *SOUL Camp*.

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 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 to the 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**