

JAY LADNER'S 2017 SHOOTING CAMP

Parents,

Please fill out all of the necessary information below and return it to us at check-in on Friday, June 9th .

I, the undersigned parent/legal guardian of _____, authorize said athlete's full participation in Jay Ladner's 2017 Shooting Camp, including related camp activities. I hereby release, waive, discharge and covenant not to sue the camp program, the Southeastern Louisiana University Athletic Department, Southeastern Louisiana University, the Louisiana University System, the State of Louisiana, their officers, servants, agents or employees from any and all liability, claims, demands, actions and causes 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.

I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, including transportation, and accept responsibility for the cost. I also understand that a medical insurance policy carried by Jay Ladner's 2017 Shooting Camp, if any, will provide secondary coverage and that I should make sure that my child is covered with family insurance in the event of a serious accident.

Print Camper's Name: _____

Personal Insurance Company: _____

Policy Number: _____

Physician's Name & Number: _____

Parent/Guardian Signature: _____

I also agree to follow all instructions and procedures in order to maintain a maximum level of safety.

Camper's Signature: _____