

**McNEESE STATE UNIVERSITY
RELEASE FORM**

CONSENT, WAIVER, RELEASE AGREEMENT

I, the undersigned parent and/or legal guardian of _____, allow my child to participate in the activities of McNeese State University and/or Cowgirl Kicker Audition Clinic, including but not limited to on campus events and scheduled off campus events. I do hereby release and discharge McNeese State University and/or Cowgirl Kicker Audition Clinic, representatives from any and all damages on account of any injuries or illnesses sustained to or by my child while engaged in such activity at McNeese State University and/or Cowgirl Kicker Audition Clinic, whether related or not to the activity enumerated above. I understand the risk of injury may be similar to sport types of injuries like heat exhaustion, falls, pedestrian accidents or even death.

This agreement shall constitute a bar of any recovery by the undersigned individually or brought for and on behalf of the child, and said agreement may be urged and used by McNeese State University as a bar to any recovery by the undersigned or by the child in any suit or claim instituted on account of any injury or illness sustained by my child while engaged in the activities of McNeese State University.

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I, the undersigned, release and discharge McNeese State University and/or Cowgirl Kicker Audition Clinic, representatives from any and all liability from any and all claims or damages from any accident or illness sustained to or by my child while engaged in the activities of McNeese State University and/or Cowgirl Kicker Audition Clinic. I agree to hold harmless and indemnify McNeese State University and or Cowgirl Kicker Audition Clinic, representatives against any loss, damages or cost of whatsoever nature including expenditure of attorney's fees which may be suffered as a result of any action, claim or demand by my child or my child's heirs, by me, my heirs, successors, or assigns, or by any other person on his/her own behalf or for the benefit of the child.

MEDICAL RELEASE FORM AND INDEMNITY AGREEMENT

I, _____ parent or guardian of _____, hereby acknowledge that as a part of the activities of my child _____, attending Cowgirl Kicker Audition Clinic, that there is the possibility my child may need to receive medical attention due to injury or accident I understand that McNeese State University and/or Cowgirl Kicker Audition Clinic, or its representatives will make a reasonable effort to contact me in the event of injury or accident to my child based on the circumstances. In the event that McNeese State University and/or Cowgirl Kicker Audition Clinic, or their representatives are not able to contact me, or if the need for medical care appears to be immediate, then I instruct and authorize McNeese State University and/or Cowgirl Kicker Audition Clinic representatives to consent to and authorize reasonable and necessary medical treatment for my child. I further agree to release McNeese State University and/or Cowgirl Kicker Audition Clinic and their representatives from any liability for their efforts to secure reasonable and necessary medical treatment for my child as stated above.

I, the undersigned parent or legal guardian shall assume full responsibility for all medical bills, including doctor and/or hospital bills incurred by my child that are not covered by the Cowgirl Kicker Audition Clinic accident policy. I further agree to reimburse McNeese State University and/or Cowgirl Kicker Audition Clinic and their representatives who may incur expenses in the treatment of an accident or illness of my child.

By signing these agreements, I acknowledge that I have read and understand this document and do hereby agree to its terms and conditions.

_____/Date _____ / _____

Signed Parent (guardian)

Printed Name