

Indemnification by Parent/Guardian of Applicant

The undersigned parent/guardian of _____ the applicant, for and in further consideration of the Soccer Summer Camp accepting said applicant, does hereby release and discharge the curators of Lamar University and its representatives, employees and agents from any and all debts, claims demands, actions, damages, causes of action, judgments of suits of any kind which may arise or be occasioned as a result of the applicant’s participation in the Soccer Summer Camp and hereby, agree to have and indemnify and keep harmless the curators of Lamar University, its representatives, employees and agents against any and all liability, claims, judgments or demands for damages arising as a result of any course instruction given the applicant by the Soccer Summer Camp.

Medical Treatment Authorization

I/We being the parents and/or legal guardians of the applicant authorize Lamar University and its agent’s permission to request emergency treatment or care as necessary to insure the well being of our department. Further, I claim that the registrant has had a physical examination in the past year and was found fit for all physical endeavors.

Signature of Parents/Guardians Date

Please list any pre-existing medical conditions:

Person carrying insurance coverage and relationship to applicant:

Employer of Sponsoring

Organization: _____

Insurance Company: _____

Policy #: _____

Group#: _____

Additional Insurance:
