

STUDENT RELEASE FORM

I, _____, in consideration of being permitted to participate in the Jaguar Preview 2009 activities, coordinated by the Center for Student Success and/or its designees, voluntarily assume all risk of loss, damage, illness or injury to my person or property which I may sustain while so engaged or as a result thereof, and release Southern University and A & M College, Baton Rouge, their officers, agents, and employees and/or any person or organization associated with such activities.

I fully recognize that the activities associated with the Jaguar Preview 2009 program include, but are not necessarily limited to, the following.

On-campus sports and recreation activities
Talent show/Open Mic
Tour of departmental and research facilities

On-campus lodging
Jag Train (campus shuttle)
Walking campus tour

I am aware that there are risks associated with the activities described above and that I may suffer bodily injury or property loss arising out of my attendance and/or participation in these events. However, I voluntarily choose to assume these risks to attend and participate in the activities. I have read and executed (signed) this document with full knowledge of its significance. I further state that I am eighteen years of age or older and competent to execute (sign) this affirmation and release.

Signature of Participant

Date

SIGNATURE OF PARENT/GUARDIAN OF PARTICIPANT UNDER 18 YEARS OF AGE

In consideration of my child's participation in the activities described above, I, _____, parent/guardian of _____ hereby agree to indemnify and hold harmless Southern University and A & M College at Baton Rouge (SUBR), their officers, agents, and employees, whether arising through the negligence, omission, default, or other action of SUBR, their officers, agents, and employees and/or person or organization associated with such activities.

MEDICAL CONSENT: I hereby consent for my child to receive care from SUBR's Student Health Services for any illness or injury incurred while he/she is a participant in the Jaguar Preview 2009 program. In case of an emergency, whereby I cannot be readily contacted, I grant permission for my child's transfer to a local hospital and treatment as dictated by medical personnel. I will not hold Southern University and A & M College or any of its employees liable for any medical expenses incurred by my child.

List any known allergies (food, medicine, etc.): _____

List any health problems: _____

Emergency Contact Name/Number: _____

Signature of Parent/Legal Guardian

Date