



CAMP CAVS RELEASE AND WAIVER OF LIABILITY

RELEASE AND LIABILITY WAIVER

This is a legally binding Consent Form and Release of Liability made voluntarily by me, the undersigned Releasor, on my own behalf, and on the behalf of my heirs, executors, administrators, legal representatives and assigns to the Louisiana Community and Technical College System and its institutions, Bossier Parish Community College (hereinafter "BPCC").

By the execution of this waiver of liability form, I acknowledge that the student listed above is capable of participating in the activities. I also assume all risks of the student participating in the activities, whether such risks are known or unknown to me at this time. I release and hold harmless this organization, leaders, volunteers, and any agents from any claim the student or I may have due to the result of any injury or illness incurred during participation in the BPCC Camp Cavs' camps. I accept and assume full responsibility for any and all injuries, damages, and losses that may occur to the student from any participation in the camp activities.

It is my understanding that the student participating in Camp Cavs through the BPCC Workforce Development and Continuing Ed is a privilege. I acknowledge that participation in these activities may inherent certain risks, including physical injury due to activity related accidents, illness, or even death. I also understand that there may be other risks due to these activities that I may not be aware of at this time.

In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in this activity. I authorize program staff to secure any licensed hospital, physician and/or medical personnel for any treatment deemed necessary for the participant's immediate care.

EMERGENCY CONTACT PERSON

Name of emergency contact person(s) authorized to pick up participant (in case a parent/guardian is unavailable).

NAME OF CAMPER	_____		
PARENT/GUARDIAN	_____		
HOME NUMBER	_____	WORK NUMBER	_____
CELL NUMBER	_____		
OTHER	_____		
HOME NUMBER	_____	WORK NUMBER	_____
CELL NUMBER	_____		

Please list specific medical allergies, chronic illnesses, or other conditions that will impact participation in camp.

Does the participant take any medication on a regular basis? YES NO

If yes, list medication:

CAMPER'S CODE OF CONDUCT

Disciplinary action may be imposed whenever a student commits or attempts to commit any act of misconduct on the BPCC campus, or at any activity, function, or event sponsored or supervised by BPCC, including but not limited to:

1. Possession, use or distribution of an illegal or controlled substance, or look-alike drug.
2. Unauthorized and/or illegal possession, use or distribution of any alcoholic beverage.
3. Theft of property or services.
4. Intentional or willful and wanton destruction of property.
5. Assault and/or battery.
6. Possession of a weapon.
7. Conduct which constitutes harassment or abuse that threatens the mental well-being, health, or safety of an individual.

Consequences include, but are not limited to, time out, notifying parents, and removal from the program for the safety and well-being of other campers.

*Disciplinary action may also be imposed whenever a student commits any acts of misconduct during an off-site event or activity.

PUBLICITY/PHOTOGRAPHY RELEASE

I give permission to use the student in either photographs or video materials for future promotion of the summer activities.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____