



### ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY FOR YOUTH PROGRAM

<b>PROGRAM:</b> FORENSIC EXPLORATION CAMP 2019	<b>ACTIVITY:</b> Criminal investigation lectures and hands-on activities, including: missing persons and crime scene investigation, fingerprinting, blood spatter/pattern analysis, forensic evidence and pathology, evidence collection and search and seizure in various locations in or around University of Louisiana at Lafayette, including but not limited to the laboratory and parking garage, as well as a field trip to the Louisiana Forensic Center in Broussard, LA
<b>PARTICIPANT NAME:</b>	<b>PARENT/LEGAL GUARDIAN NAME:</b>

*Please read this Acknowledgement of Risk and Waiver of Liability for Youth Programs carefully and in its entirety; it is a binding legal document. Return signed forms to: Dr. David N. Khey at [dkhey@louisiana.edu](mailto:dkhey@louisiana.edu) or 338 Rougeou Hall, Lafayette, LA 70504.*

By signature, with full knowledge of the facts and circumstances surrounding the ACTIVITY, I acknowledge PARTICIPANT'S participation in the ACTIVITY may expose him/her to actions, events, and environments that may be hazardous to his/her person and/or property. I acknowledge that I am solely responsible for any action that PARTICIPANT may participate in associated with this ACTIVITY or around this ACTIVITY, regardless if occurring before, during, or after the period of the ACTIVITY. I understand that PARTICIPANT and I are required to be familiar with and abide by the PROGRAM'S rules and standards, including any safety rules established for the benefit of all participants. I agree that, if the PROGRAM has approved PARTICIPANT to remain overnight in University of Louisiana at Lafayette housing during the PROGRAM, then such housing shall be considered part of the ACTIVITY.

I certify that I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from PARTICIPANT'S participation in the ACTIVITY, or otherwise understand that I am solely responsible for and shall bear all costs associated with any such medical costs that may directly or indirectly result from PARTICIPANT'S participation in the ACTIVITY.

I will indemnify and hold the State of Louisiana, the Louisiana Board of Regents, the University of Louisiana System, the University of Louisiana at Lafayette Board of Supervisors, and each of their respective employees, directors, officers, members, student workers, student interns, volunteers, representatives, institutions, departments, and agents (hereafter referred to collectively as "UNIVERSITY") harmless with respect to any and all liability, claims, damages, costs, expenses, personal injuries, illnesses, death, or loss of personal property resulting from, in whole or in part, PARTICIPANT'S participation in this ACTIVITY or use of any facility, equipment, and/or programs of UNIVERSITY. On my own behalf and that of PARTICIPANT, it is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, and all of PARTICIPANT'S heirs, administrators, legal representatives, and assigns. I further agree to save and hold harmless, indemnify, and defend UNIVERSITY from any claim by the aforementioned parties arising out of PARTICIPANT'S participation in the ACTIVITY. I recognize and acknowledge that UNIVERSITY makes



no guarantees, warranties, representations, or other promises relative to the ACTIVITY, and assumes no liability or responsibility for injury or property damage that PARTICIPANT may sustain as a result of participation in the ACTIVITY. I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be as broad and inclusive as permitted by Louisiana law. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

I agree that, except for ACTIVITY-sponsored field trips, UNIVERSITY is not responsible for PARTICIPANT'S transportation to or from the ACTIVITY.

### **SIGNATURES**

In signing this Acknowledgement of Risk and Waiver of Liability, I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital. Further, I certify that I am the parent or legal guardian of the above-named PARTICIPANT. On behalf of myself and my spouse, partner, co-guardian, and any other person who claims the PARTICIPANT as a child, I acknowledge that I have agreed to the terms and conditions of PARTICIPANT'S participation in the ACTIVITY, and I hereby give my consent to participation by PARTICIPANT in the ACTIVITY. I further agree to hold harmless, indemnify, and defend UNIVERSITY from and against all claims, demands or suits that PARTICIPANT has or may have in the future as a result of, directly or indirectly, his/her participation in the ACTIVITY.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

### **MEDIA RELEASE**

I recognize and acknowledge that UNIVERSITY may record PARTICIPANT'S participation and appearance in ACTIVITY on any recorded medium (including, but not limited to video, audio, photos) for use in any form throughout the world, an unlimited number of times, in perpetuity, now known or hereafter invented. I authorize such recording and release UNIVERSITY to use PARTICIPANT'S name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or part without restrictions or limitations for any educational or promotional purpose.

No signature below represents my choice to opt out of this media release.

To withhold PARTICIPANT'S name only, initial here and sign below: \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_