

2016 LSU Alpha Tau Sigma Symposium Registration

Thank you for your interest in attending the 12th Annual Athletic Training High School Symposium hosted by Alpha Tau Sigma at LSU!

- *Please fill out the form below and turn in to your school's representative prior to attendance.*
- *ALL payments should be turned in to your representative and presented to Alpha Tau Sigma upon registration completion the morning of the event.*
- *Payments should be in the form of cash or check. Checks should be made payable to **LSU Alpha Tau Sigma, Tax ID 260188786.***

NAME: _____
(First) (M.I.) (Last)

SCHOOL: _____

TEACHER/CHAPERONE: _____

SHIRT SIZE: _____ EMAIL: _____

HAVE YOU PARTICIPATED IN ATHLETIC TRAINING ACTIVITIES AT YOUR HIGH SCHOOL: _____, IF YES, INDICATE DURATION OF PARTICIPATION _____

HOME ADDRESS: _____

PARTICIPANT PHONE NUMBER: (____) _____

EMERGENCY CONTACT

PARENT/GUARDIAN NAME: _____

PARENT'S PHONE NUMBER: (____) _____

12th Annual Athletic Training High School Symposium

Alpha Tau Sigma at LSU Release of Liability and Hold Harmless Agreement

Print Name: _____ Date: _____

Initial: _____ I understand, agree and appreciate that the Alpha Tau Sigma at LSU Annual Athletic Training Symposium involves (i.e.) a variety of rigorous physical activities that often include warm-ups, walking, jogging, running and other activities. The degree and extent of participation remains my choice, based on what I can comfortably and willingly risk. However, it is up to me to inform the appropriate official of my choice, and tell the official if I perceive pressure to participate. Yet there is a risk, both known and unknown, which must be assumed by me, that I may suffer serious emotional or physical injury or disability, or even death.

Initial: _____ It is herewith acknowledged and agreed that by my participation in the Annual Athletic Training Symposium, administered by Alpha Tau Sigma at LSU, that I understand that such activity is inherently dangerous regardless of safety precautions to reduce the risk, and that **I HAVE VOLUNTARILY AND KNOWINGLY ASSUMED ANY AND ALL RISKS**, both known and unknown, including that I may suffer serious emotional or physical injury or disability, or even death, as a result thereof, and that I assume full responsibility for my participation.

Initial: _____ In the event that I observe and perceive any unusual or significant hazards during my presence or participation, I will immediately notify the appropriate official and remove myself from participation in this activity.

Initial: _____ In accordance therewith, in consideration of my participation in the Annual Athletic Training Symposium, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby **RELEASE AND HOLD HARMLESS**, Alpha Tau Sigma at LSU, Louisiana State University, Board of Supervisors of Louisiana State University and Agriculture and Mechanical College its agents, officers, employees, participants, volunteers, members and all other persons or entities acting in any capacity on its behalf, used to conduct the event (hereafter referred to collectively as the "Releasees"), with respect to any and all injury, disability, death and/or loss or damage to person or property, including if such injury or damage is due to the negligence of Releasees and its employees or members.

Initial: _____ Should Releasees, or anyone acting on thier behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold such harmless for all fees and costs. **I certify that I have adequate health insurance to cover any injury or damage that I may sustain while participating, or I agree to bear the costs of such injury or damage to myself.** I further certify that I am in good health, and I have no medical or physical conditions that could interfere with my safety in this activity, or I m willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

Initial: _____ I understand and acknowledge that it is my personal responsibility to obtain my own medical advice and evaluation to determine whether I should participate in the Annual Athletic Training Symposium.

Initial: _____ In case of an emergency, this consent also authorizes the release of this form and all medical and accident report forms to emergency personell, doctors, hospitals, insurance companies, my employers, other person or entities deemed appropriate by the Alpha Tau Sigma at LSU.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY, WHEREIN I HAVE ALSO ASSUMED THE RISK OF MY PARTICIPATION IN THIS PROGRAM, FULLY UNDERSTANDING ITS TERMS, AND UNDERSTANDING THAT BY VIRTUE THEROF I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND DO HEREWITH SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT.

Participants Signature

Print Name

Date

Home Phone Number: _____ Emergency Telephone Number: _____

FOR PARTICIPANTS OF MINOR AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do herewith consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in the Annual Athletic Training Symposium administered by Alpha Tau Sigma at LSU.

Parent/Guardian Signature

Print Parent/Guardian Name

Date

Home Phone Number: _____

Emergency Telephone Number: _____



12th Annual Athletic Training High School Symposium
Alpha Tau Sigma at LSU

CONSENT TO USE IMAGE(S) AND DATA

I (first and last name - please print) _____ authorize the Alpha Tau Sigma at LSU in conjunction with the LSU College of Human Sciences and Education, to use photographs, data collected by Alpha Tau Sigma at LSU members or LSU faculty and staff, and audio/video recordings of myself or my child, (child's first and last name) _____, taken during the Annual Athletic Training Symposium

By signing this document, I consent to Alpha Tau Sigma at LSU or the LSU's use of these images, data, audio, and video in print/online communications and marketing materials.

Signature

Child in Photograph(s) (if applicable)
(Printed Name)

Parent/Legal Guardian of Child (if applicable)
(Printed Name)

Parent/Legal Guardian of Child (if applicable)
(Signature)

Date of Signature