



**Camp Tiger 2022**  
**Counselor Permission and Hold Harmless**  
**Form**

**Please initial by each number that you have read and understand each numbered item and sign at the bottom of this page.**

\_\_\_\_ **1. Hold Harmless:**

In consideration of my participation in Camp Tiger, I, on behalf of myself, heirs, legatees, personal representatives, and all those claiming by or through me consent to, and so hereby discharge and release and forever hold harmless Camp Tiger, LSUHS, LSUHS Foundation, and their affiliates, sponsors, agents, servants, employees, assigns, successors, and heirs and any facility at which events are held, from any and all claims, actions, losses, damages, or expenses for personal or bodily injury (including death) and property loss or damage of whatever nature or cause, incurred by my participation in the aforementioned activity. I hereby consent I am of legal age and capacity and have read and understand the contents of the Consent and Release.

\_\_\_\_ **2. Permission to photograph:**

By signing below, I hereby give my consent to Camp Tiger 2022 to be photographed and/or filmed during various camp-related activities throughout the week.

I also give consent for these pictures to be published on social media platforms, websites, scrapbooks, future publications, etc. associated with Camp Tiger and/or LSU Health Shreveport.

Additionally, I do hereby assign all rights to the still images and/or electronic media made of me to Camp Tiger and LSU Health Shreveport.

I waive any right to inspect or approve the finished still image and/or electronic media or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied, and further authorize the reproduction, editing, sale, copyright, exhibition, broadcast and/or distribution of images without limitation.

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| <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <p style="margin: 0;">Signature</p>           |
| <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <p style="margin: 0;">Name (Please print)</p> |
| <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <p style="margin: 0;">Date (MM/DD/YYYY)</p>   |

## Counselor Medical Permission and Information

**Please initial by each number that you have read and understand each numbered item relating to health information and care and sign at the bottom of this page.**

\_\_\_\_\_ **1. Permission to treat for minor injuries or illness:**

If you are injured or becomes ill during camp, a CPR and First Aid certified staff member will take necessary steps to administer medical care in accordance with governing guidelines and will coordinate medical care with the on-call camp physician, if necessary. Your emergency contact designated below will be contacted as soon as possible.

\_\_\_\_\_ **2. Permission to treat if transport and emergency care is required**

If, in the judgment of the camp personnel, there is a medical emergency, it may be necessary to act before being able to get in contact with your emergency contact. Therefore, the following is required:

I give my permission to be transported to an emergency room and give my permission to the physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for myself.

\_\_\_\_\_ **3. Emergency Contact(s)** \*Please include at least one emergency contact\*

In the event of an emergency, the camp counselors and director may contact:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to yourself \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to yourself \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to yourself \_\_\_\_\_

|                              |
|------------------------------|
| _____<br>Signature           |
| _____<br>Name (Please print) |
| _____<br>Date (MM/DD/YYYY)   |