

LIABILITY / MEDICAL RELEASE

In consideration of the benefit received from my participation in the Beyond BOW Program and associated activities I voluntarily and knowingly assume any risk associated therewith and waive my right to assert any claim against the State of Louisiana, or any of its Departments, Agencies, Boards and Commissions, as well as its officers, agents, servants, employees and volunteers for injury or damage to my person or property resulting from my participation in Beyond BOW activities. I further release and hold harmless the State of Louisiana, all State Departments, Agencies, Boards and Commissions, as well as its officers, agents, servants, employees and volunteers, from any and all claims, demands, causes of action, expense and liability arising out of injury or death to my person as a result of my participation in the Beyond BOW and associated activities.

I further understand and agree to abide by the general rules and conduct prescribed for guest of the LDWF and that violations may result in a denial of privileges, a forfeiture of all fees paid and immediate removal from the property.

I have read this release. I understand that it affects legal rights and responsibilities, and I hereby agree and consent to its terms and conditions and hereby waive any claims arising while residing and/or participating in programs of LDWF.

Signature of Participant

Date

**MEDICAL HISTORY QUESTIONNAIRE
(MANDATORY)**

Name: _____ Date of Birth: _____ Sex: _____

Address: _____

City/State/Zip _____

Phone:(_____) _____

Emergency Contact: _____ Phone: (_____) _____

ALL INFORMATION WILL BE CONFIDENTIAL

The below information could be life saving if an accident or injury occurs. This questionnaire is VOLUNTARY.

Please List:

Current Medications:

Allergies / Asthma (include medications):

Circle if you are being treated for any of the following:

Diabetes

High Blood Pressure

Seizures

Heart / Lung / Kidney
Disease

When was your last Tetanus Toxoid inoculation? _____

THIS MEDICAL HISTORY QUESTIONNAIRE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Participant

Date