

State of Louisiana



Robert Barham
Secretary

Department of Wildlife & Fisheries
Wildlife Division / Education Section

Bobby Jindal
Governor

LIABILITY / MEDICAL RELEASE

If I am injured or suffer any illness or disease while residing at and participating in programs of the Louisiana Department of Wildlife and Fisheries (LDWF), except as may be caused by the grossly negligent or reckless conduct of the LDWF employees or volunteer instructors, I agree to hold LDWF and its volunteers harmless for any said injury, illness, or disease.

I further understand and agree to abide by the general rules and conduct prescribed for guest of the LDWF Alexander Forest Outdoor Education Center, Woodworth, LA and that violations may result in a denial of privileges, a forfeiture of all fees paid and immediate removal from LDWF 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 offered by LDWF.

Signature of participant

Date

Signature of Parent or Legal Guardian

Date

MEDICAL HISTORY QUESTIONNAIRE (MANDATORY)

Name: _____

Date of Birth: _____ **Sex:** _____ **Phone:** (_____) _____

Address: _____

City/State/Zip: _____

Emergency Contact: _____ **Relationship:** _____

Phone: (_____) _____

Emergency Contact: _____ **Relationship:** _____

Phone: (_____) _____

ALL INFORMATION WILL BE CONFIDENTIAL

The below information could be life saving if an accident or injury were to occur.

Can you swim? _____

Please list any medical conditions you have that we should be aware of:

List medications you are taking or may need to take. List the reason for taking the medication.

List ALL known **Allergies** (including **food** and/or **medications**):

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

Signature of Parent or Legal Guardian

Date