

American Legion Louisiana Boys State
Waivers and Acknowledgements 2025

Agreement and signature to these waivers and acknowledgements is required by the participating student and a parent/guardian as part of the online registration for the American Legion Louisiana Boys State program.

CONSENT TO MEDICAL TREATMENT AND HOSPITAL SERVICES

In signing below, I certify that I am the legal parent/guardian of the below child. In the event that my child/ward is a participant of the American Legion Louisiana Boys State program, to be held in Hammond, Louisiana on the campus of Southeastern Louisiana University, I hereby consent and grant permission, should the necessity of medical care arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified attending physician(s), including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination or other hospital services. Permission is also granted for minor treatment, including the use of first aid medications and over-the-counter pharmaceuticals to be given by the Boys State program staff and/or program nurse. I understand that in the event of an emergency, every attempt possible will be made to contact the parent/guardian of the program participant.

I understand that my child/ward's participation in Louisiana Boys State may be terminated at the discretion of the Chair of the Louisiana Boys State Commission and/or the Program Staff and/or on the recommendation of a licensed medical provider if it is determined to be in the best medical or mental health interest of my child/ward.

MEDIA ACKNOWLEDGEMENT

In signing below, I acknowledge that there are many media production opportunities at the American Legion Louisiana Boys State Program. This may include but is not limited to pictures, video, and audio taken by visiting press, Boys State staff/counselors, University staff, and/or other Citizens and presented in a variety of media including print, broadcast, or online. I acknowledge and give my permission for my child's/ward's picture and/or name to be used regarding the American Legion Louisiana Boys State program.

PARTICIPATION ACKNOWLEDGEMENT AND WAIVERS

I understand and acknowledge that participation in the American Legion Boys State program is voluntary and hereby consent and grant permission for my child/ward to participate in all activities in conjunction with this program. I further understand that my child/ward's participation may involve risk of injury or loss, both to person and to property. On behalf of my child/ward, I assume all risks in any way connected with said participation and I accept personal responsibility for any liability, injury, loss, or damage in any way connected with said participation.

This will further certify that I, the undersigned, in consideration of the benefits and opportunities derived by my child/ward who is a participant of the Louisiana American Legion Boys State program to be held at Southeastern Louisiana University in Hammond, Louisiana, and having activities on the Southeastern Louisiana University campus, do hereby release and discharge the American Legion, its officers, agents, staff, employees, and program volunteers from any and all claims, demands, suits,

actions, or course of action which may can, or shall have reason of illness, injury or accident incurred or suffered by said child/ward while in attendance of said American Legion Louisiana Boys State program, and that the provision of such insurance is my own personal responsibility.

REGISTRATION FORM ACKNOWLEDGEMENTS

I certify that my child/ward and I have read, agreed to, and hereby sign acknowledge the Louisiana [American Legion Boys State Code of Conduct](#) and the [Important Points to Remember for Attending the Program](#) as provided on the Louisiana Boys State website.

Finally, I do hereby certify that the information provided in the Personal and Medical Information form is true and correct to the best of my knowledge.