



UL Lafayette Alumni Association

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Université des Acadiens

**UL LAFAYETTE ALUMNI ASSOCIATION
RELEASE FORM**

Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Male Female

In consideration of your acceptance of this entry, I, for myself, my heirs, executors, administrators and assigns, forever release and discharge any and all rights, demands, claims for damages and causes of suit or action known or unknown that I may have against the UL Lafayette Alumni Association and all participating event sponsors and the directors, officers, employees, and agents of such parties, for any and all injuries in any manner arising of resulting from my participation in said race. I attest and verify that I will assume and pay my own medical and emergency expenses in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses, and that I am physically fit and sufficiently trained to participate in said competition.

Signature _____

Date _____

