

**Arizona State University
Department of Sun Devil Athletics**

RELEASE, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

Activities: Lap swimming and / or all activities at Mona Plummer Aquatic Center, Arizona State University, Tempe, AZ 85287

Date / Date Range of Use: _____

Printed Name of Participant: _____

I am signing this Release, Assumption of Risk and Agreement to Hold Harmless (this “Release”) voluntarily so that I may participate in the Activities described above. I am aware that participation in the above described Activities can be dangerous and involve risks of injury and I acknowledge that my participation is voluntary. This Release applies to all events and occurrences associated with the Activities. I understand that if I have any concerns about my health or ability to participate, it is my responsibility to discuss my concerns with my physician before deciding to participate.

In consideration of being allowed to participate in the Activities, to the extent permitted by law, I agree to release, hold harmless and indemnify the State of Arizona, Arizona Board of Regents, Arizona State University and their regents, departments, officers, employees, agents and assigns from and against any present or future claim, loss or liability for injury to person which I may suffer or for which I may be liable to any other person during my participation. The terms of this Release shall serve as a release and assumption of costs and risk by me, my heirs, estate, executor, administrator, assignees and for all members of my family.

BEING AN ADULT, I HAVE READ THE ABOVE STATEMENT AND FULLY UNDERSTAND THE CONTENTS, CONSEQUENCES AND IMPLICATIONS OF SIGNING THIS RELEASE.

If I require emergency medical treatment, please contact:

Name of Emergency Contact Person: _____

Home phone: _____ **Mobile phone:** _____

If the Emergency Contact Person I have listed is not available, please contact:

Doctor: _____ **Phone:** _____

I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the doctor rendering the treatment.

Signature of Participant: _____

Date: _____

If the participant is younger than 18 years old, Parent or Legal Guardian must also sign.

Signature of Parent or Legal Guardian: _____

Date: _____