ASSUMPTION OF RISK, RELEASE AND WAIVER
Participant and, if Participant is a minor, Participant’s undersigned parent or legal guardian, does hereby waive, release, covenant not to sue and forever discharge the University of Delaware and each and any of its trustees, agents, servants, officers and employees (collectively the “University”) of and from any and all manner of action or actions, cause or causes of action, loss, liability, damage or costs, which Participant(s) may have by reason of injury or death, damage or harm to person, or property arising out of or in connection with Participant(s) use of the University of Delaware Outdoor Pool facilities (“Facilities”).
In consideration of Participant(s) voluntary participation and being allowed to use the Facilities, Participant(s) hereby personally assume all risk of injury in connection with Participant(s) use of the Facilities. Participant(s) know that swimming, diving and water activities involve a degree of risk; by using the Facilities, Participant(s) accept all risks associated with the use of the Facilities.

EMERGENCY CONTACT INFORMATION
Participant(s) hereby consent to first-aid, emergency medical care and, if necessary, admission to an accredited hospital or an emergency care center if necessary for the provision of such care, for treatment of injuries Participant(s) may sustain while using the Facilities.

(Please Print)
Participant’s Name: ________________________________________________________________________
(18 years or older)

Signature: _________________________________________________ Date: ________________________

Participant’s Name: ________________________________________________________________________
(18 years or older)

Signature: _________________________________________________ Date: ________________________

Participant’s Name: ________________________________________________________________________
(Under 18 years of age) (Please Print Name and Corresponding Age):

Parent or Guardian Signature: __________________________________ Date: ________________________