

**AQUATICS CENTER
INDIANA WESLEYAN UNIVERSITY
RELEASE OF LIABILITY AND ASSUMPTION OF RISK**

READ CAREFULLY BEFORE SIGNING. DO NOT SIGN UNLESS YOU ARE WILLING TO RELEASE INDIANA WESLEYAN UNIVERSITY (IWU) FROM LIABILITY.

I, the participant, understand that the activities that take place in the aquatic center are hazardous activities. These activities include but are not limited to swimming, diving, fitness exercises, and swim lessons hereafter referred to as "activities". The hazards inherent to these activities include but are not limited to head and spinal injuries, slips and falls, cuts, near drowning, drowning, concussions, strained muscles, and other hazards.

I further understand that these activities involve a risk of serious injury and even death and caution is required. I assume all risks inherent in said activities. I am voluntarily participating in these activities and using equipment and machinery with full knowledge and understanding of the risks involved. I hereby assume and accept any and all risks of injury or damage while participating in said activities. I represent to IWU that I have the skills and ability to safely participate in said activities and that any equipment that I furnish is in good condition, order, repair, is fit for, and will be used for its intended purpose. I do hereby declare myself physically sound and suffering from no condition, impairment, disease, or other illness that would prevent or inhibit my participation in said activities.

In consideration of my being permitted by IWU to participate in said activities I, my heirs, successors, and personal representatives hereby release, discharge, indemnify, and hold harmless IWU, its Board of Trustees, its officers, trustees, agents, and employees from any and all claims, actions, suits, costs, expenses, injuries or damages arising out of said activity. I certify that I have adequate insurance to cover injury or damage I may cause or suffer while participating in said activity, or else I agree to bear the cost of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have. In consideration that the participant is a Minor, this waiver remains in full force and effect and that by signing this waiver, I affirm that I am the legal guardian of the Minor and agree and consent to this release of liability and assumption of risk on behalf of said Minor. I hereby grant permission and authorize the provision of emergency medical treatment for minors or myself while becoming ill or injured in said activities. I have carefully read this Release of Liability. I fully understand its contents. I am aware that this is a release of negligent liability. I sign it of my own free will.

Name of Participant: _____ Date: _____
(Please Print)

Signature of Participant: _____ Contact Information _____
(If over 18 years of age)

Name of Guardian/Parent: _____ Contact Information _____
(Please Print)

Signature of Guardian/Parent: _____