

**DENISON UNIVERSITY
NON-STUDENT RELEASE FORM**

Whereas, the undersigned, _____ (list child names) hereafter called "Participant" desires to have the privilege of participation in *the children's swim lessons taught by Denison students enrolled in PHED 202 – Water Safety Instructor*. **I further understand that as a parent I am to sit in the balcony during the lessons.**

Therefore, it is agreed as follows: That in consideration of Denison University, Granville, Ohio, allowing, subject to its rules and regulations, _____ **above names** _____ (participant name), the undersigned on behalf of themselves and guardian or parent, if under 18, do hereby voluntarily assume all risks of accident or damage to the person or property of the participant in said project and do hereby release and discharge Denison University, and its agents, from every claim, liability or demand of any kind however caused for or on account of the personal injury or damage of any kind sustained by said student while participating in said project.

The participant further promises to indemnify and forever save harmless Denison University or its agents from every claim, liability or demand of any kind however caused, for or on account of the personal injury or damage of any kind sustained by said student, if enrolled in said project.

In the event of an accident, the participant's personal medical coverage should respond. Additionally if a claim is made against the participant of a personal liability nature or for private individual activity not part of the formal program, personal homeowners and/or renters insurance should respond.

It is expressly understood that if said individual is permitted to participate in said project that such participation is subject to the rules and regulations of Denison University and that said individual is subject to the controls exercised by the professors or persons in charge of said project.

Dated this ____ day of _____, 20 ____.

Print parent's name

Parent's signature

Please provide the following insurance information:

Insurance Company Name: _____ Address: _____
Policy Number: _____ ID Number: _____

In case of emergency, illness requiring an operation, or if the parents cannot be quickly reached, will you leave the decision to the physician and the professors-in-charge?

Yes__ No__ (If the answer is "no", kindly explain on the reverse side of this sheet.)

Parents may be reached at the following telephone numbers:

Parents: Name(s) _____

Home Phone _____ Cell Phone _____

Home Phone _____ Cell Phone _____

Other Close Relative: Name _____ Phone _____

A PARTICIPANT UNDER 18 YEARS OF AGE MUST HAVE PARENT'S SIGNATURE.