

# University of Louisville Cardinal Splash Swim School Participation and Release Form

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Alternate Phone number

1. The undersigned voluntarily and willingly agrees to participate in the above described program and in all activities included in and required by the program.
2. The undersigned agrees to assume all risk of accident or damage to his or her person or property as a result of participation in the program and in the activities included in and required by the program.
3. The undersigned authorizes the University of Louisville and its agents to obtain medical care for the undersigned in the event that it is determined that in their opinion the undersigned is in need of immediate emergency medical attention while the undersigned is participating in the program. If such medical care is sought, the undersigned authorizes any medical care facility or physician selected by the University to perform whatever medical services are deemed necessary to preserve the undersigned's life, health, and well-being. He undersigned agrees to be responsible for and to indemnify and hold harmless the University of Louisville and any of its agents and employees for the payment of all costs and expenses resulting from any such medical care, hospitalization, and medical services for the undersigned.
4. The undersigned agrees to remain under the supervision of and to comply with any instructions given by the University of Louisville and its agents at all times during the program.
5. The undersigned releases the University of Louisville and its officers, directors, agents, servants, and employees from any and all actions, causes of action, demands, damages, expenses, attorney fees, and claims and counterclaims of any kind of nature, including any claims of negligence, arising out of or in any way connected with (1) the participation of the undersigned in the program and in the activities included and required by the program, including transportation to and from the site; (2) the decisions or actions of the University of Louisville in seeking and obtaining, or in failing to seek and obtain, the above-authorized immediate emergency medical attention; and (3) any failure of the undersigned to

remain under the supervision and to comply with any instructions given by the University of Louisville and its employees or agents during the program.

6. The undersigned consents to the use of video recordings and photographs of their participation in the program for the use of program publications and promotion.

As the parent and/or guardian of \_\_\_\_\_ (hereafter "Student"), I hereby release and discharge the University of Louisville, and its agents and employees, under the terms of the above Participation and Release Form any claim which I might have against the University of Louisville, and its agents and employees, both in my own behalf and as a legal representative of the participant. I further agree to indemnify and hold the University of Louisville, and its agents and employees, harmless from any liability, claim or action, including attorneys fees, in connection with the Student's participation the program described in the Participation and Release Form.

The undersigned certifies that he/she has read and understands the above University of Louisville Participation Release Form, and that he/she signs this form voluntarily.

\_\_\_\_\_  
Signature of Participant or Parent/Guardian (if under 18)

\_\_\_\_\_  
Date