PARENT’S RELEASE AND INDEMNITY AGREEMENT

I/we the undersigned, being the parent(s) of:
_____________________________________________ who is (are) _____ years of age
_____________________________________________                    _____
_____________________________________________                    _____

and a participant in Samford University’s Children’s Summer Swim Program do forever release, indemnify, exonerate, hold harmless Samford University, its officers, trustees, employees, agents, or their executors, administrators, heirs of assigns from any and all claims, demands, actions and causes of action arising out of any injury sustained by my/our child(ren) during the course of swimming lessons.

I/we have adequate medical and hospital insurance in case an injury is incurred by my/our child while participating in Samford’s swimming lessons. The name of our medical/hospital insurance company is:
________________________________________________________
Our policy number is:
________________________________________________________

I/we do hereby further give our consent for all medical care prescribed by a duly licensed doctor of medicine for our child(ren) in the event of injury during the course of such activity. The medical care may be given under whatever conditions are necessary or whatever conditions may exist to preserve the life, limb, or well-being of my/our child(ren).

I/we have read carefully the foregoing agreement and know the contents thereof and I/we sign this as my/our own free act.

Witness our hands and seals, this ________ day of ______________________, 2017.
Witness_________________________________ Parent(s)_________________________________
________________________________________________________
________________________________________________________
________________________________________________________
Emergency Name & Phone Number
Other than Parent

Please return to:
Samford University
Samford Summer Swimming
ATTN: Dollie Brice