MCNEESE STATE UNIVERSITY
SWIM RELEASE FORM

CONSENT, WAIVER, RELEASE AGREEMENT

I, the undersigned parent and/or legal guardian of ________________________________, allow my child to participate in the activities of McNeese State University and/or McNeese Learn to Swim Program, including but not limited to on campus events and scheduled off campus events. I do hereby release and discharge McNeese State University and/or McNeese Learn to Swim Program representatives from any and all damages on account of any injuries or illnesses sustained to or by my child while engaged in such activity at McNeese State University and/or McNeese Learn to Swim Program, whether related or not to the activity enumerated above. I understand the risk of injury may be similar to sport types of injuries.

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I, the undersigned, release and discharge McNeese State University and/or McNeese Learn to Swim Program representatives from any and all liability from any and all claims or damages from any accident or illness sustained to or by my child while engaged in the activities of McNeese State University and/or McNeese Learn to Swim Program. I agree to hold harmless and indemnify McNeese State University and or McNeese Learn to Swim Program representatives against any loss, damages, or cost of whatsoever nature including expenditure of attorney’s fees which may be suffered as a result of any action, claim or demand by my child or my child’s heirs, by me, my heirs, successors, or assigns, or by any other person on his/her own behalf or for the benefit of the child.

MEDICAL RELEASE FORM AND INDEMNITY AGREEMENT

I, ___________________________, parent or guardian of __________________________, hereby acknowledge that as a part of the activities of my child __________________________, attending McNeese Learn to Swim Program, there is the possibility my child may need to receive medical attention due to injury or accident. I understand that McNeese State University and/or McNeese Learn to Swim Program, or its representatives will make a reasonable effort to contact me in the event of injury or accident to my child based on the circumstances. In the event that McNeese State University and/or McNeese Learn to Swim Program, or their representatives are not able to contact me, or if the need for medical care appears to be immediate, then I instruct and authorize McNeese State University and/or McNeese Learn to Swim Program representatives to consent to and authorize reasonable and necessary medical treatment for my child. I further agree to release McNeese State University and/or McNeese Learn to Swim Program and their representatives from any liability for their efforts to secure reasonable and necessary medical treatment for my child as stated above.

I, the undersigned parent or legal guardian shall assume full responsibility for all medical bills, including doctor and/or hospital bills incurred by my child that are not covered by the McNeese Learn to Swim Program accident policy. I further agree to reimburse McNeese State University and/or McNeese Learn to Swim Program and their representatives who may incur expenses in the treatment of an accident or illness of my child.

By signing these agreements, I acknowledge that I have read and understand this document and do hereby agree to its terms and conditions.

_____________________________/Date___________________/
Signed Parent (guardian) Printed Name