

The George Washington University - Dept. of Athletics and Recreation

WAIVER AND ASSUMPTION OF RISK – PARTICIPATION IN ATHLETIC ACTIVITIES AT THE MOUNT VERNON POOL

The Mount Vernon Pool at The George Washington University

WARNING: Since your participation in athletic activities at The Mount Vernon Pool at The George Washington University is voluntary, neither The George Washington University nor The Mount Vernon Pool accepts responsibility for injuries incurred while participating in any activities. Participants should be aware that participation in the activity involves the risk of serious injury. The Dept. of Athletics and Recreation strongly recommends that individuals not currently covered by a health insurance policy obtain coverage prior to participating in any event. It is also recommended that you obtain a medical release from your family physician if your present health is questionable. All participants are responsible for their own medical expenses.

RELEASE: In consideration of my acceptance into The Mount Vernon Pool of The George Washington University, I, the undersigned, hereby for myself, my heirs, executors and administrators waive, release and forever discharge all rights and claims for damages which I may have or may hereafter accrue to me against The George Washington University, its trustees, officers, employees, faculty, students and its agents for any and all injuries suffered by me through my participation in said activities. Further I hereby indemnify, defend, and save harmless The George Washington University, its trustees, officers, employees, faculty, students and its agents from any liability, damage, expense, causes of action, suits, claims or judgments arising from injury to person, including death, personal property including but not limited to theft, or otherwise which arises out of the act, failure to act, or negligence in connection in the activities which are the subject of this release.

I have read the above **Warning** and **Release** and understand the contents. I understand that there are risks of injury involved in participating in these athletic activities and I voluntarily assume such risk.

Participant Name (Please Print)

Signature of Participant

Date

(Parent of Guardian if under the age of 18)