

Child's Name: _____ Date of Birth: _____

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Informed Consent

In consideration of my child's participation in the New Horizons Swimming & Diving Program at Rutgers University, I have read and understand the following:

- I am fully aware and thoroughly informed of the hazards of swimming and diving; further, I have read and fully understand the following:
 - A. Swimming and diving are physical activities involving heavy exertion. A swimmer/diver must be in good general health, free from cardiovascular and respiratory disease, and have good exercise tolerance. Even momentary impairment of consciousness while swimming may be fatal.
 - B. While swimming or diving, the body is subject to a variety of influences that may become potentially hazardous. Some of these hazards include, but are not limited to drowning, eye injury, head injury, and a variety of other bodily injuries such as broken bones.
- I affirm to the best of my knowledge, that my child is in good physical and mental health and free from cardiovascular, respiratory or other diseases or ailments, which could endanger them while swimming.

In full awareness of the above and in consideration of my child's participation in this swimming & diving program, I waive, release and discharge any and all claims for death, personal injury or property damage against Rutgers, The State University, its officers, agents and employees which I may have, or which may hereafter accrue to me as a result of my child's participation in this swimming activity. I agree to indemnify and hold harmless Rutgers, The State University, its officers, agents and employees from any claim or loss for death, bodily injury or property damage arising in any manner out of my child's presence or activities in the course of my child's participation in this swimming activity.

It is further understood and agreed that this waiver, release, indemnity and assumption of risk is to be binding on my heirs and assigns.

Optional Image Release

I give Rutgers permission to record the image and/or voice of the minor named below, and I grant Rutgers all rights to use these sound, still, or moving images in any medium for educational, promotional, advertising, or other purposes that support the mission of the university. I agree all rights to the sound, still or moving images belong to Rutgers.

Circle One:

YES, I allow

NO, I disallow

I have received a copy of the Parent Guidelines.

I have read and understand the Informed Consent, Image Release, and Parent Guidelines.

Signature: _____ **Date:** _____



Recreation

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New Brunswick, NJ 08901

recreation.rutgers.edu

732-932-8204

Fax: 732-932-9445

Person to contact in case of emergency: _____

Phone(s): _____

PLEASE IDENTIFY BELOW ANY PHYSICAL OR MEDICAL CONDITION INCLUDING ALLERGIES AND MEDICATION YOUR CHILD IS TAKING WHICH MIGHT EFFECT THEIR PERFORMANCE OR WHICH SHOULD BE KNOWN TO ENABLE FIRST AID OR ARRANGE FOR NECESSARY MEDICAL TREATMENT FOR YOUR CHILD IN AN EMERGENCY SITUATION. (E.G., are they a diabetic, epileptic, etc.? Are they allergic to insect bites, chemicals, poison ivy, etc.?)
