UNLV Student Recreation and Wellness Center
Campus Recreational Services - Aquatics
Assumption of Risk, Release of Liability, and Medical Authorization Form
(Minor Participants)

I, ________________________________, understand and agree that the University of Nevada, Las Vegas (hereinafter “UNLV”) Student Recreation and Wellness Center (hereinafter “SRWC”) is offering swimming lessons, which involves certain risks and that regardless of the precautions taken by the UNLV SRWC Aquatics Department and Lifeguard Staff, some bodily injuries may occur. In consideration of my child being permitted by the UNLV SRWC to use its facilities and/or participate in any swimming programs or activities offered by the UNLV SRWC, I agree to the following:

I hereby acknowledge the inherent risks associated with swimming and that such risks include, but are not limited to:

1. Drowning or inhalation of water arising from my being overwhelmed, the actions of others, exhaustion or unconsciousness, or incapacitation through swallowing water, blackout, heart attacks, carotid sinus syncope or stroke;
2. Exposure to or immersion in the water and/or its chemicals;
3. Overuse injuries;
4. Collision with other swimmers, the pool walls or other objects;
5. Failure to follow the UNLV SRWC’s employees’ instructions or failure to ask for information or assistance;
6. Injuries resulting from the actions or omissions of me or other swimmers; and
7. Near drowning;

I understand that these risks carry with them the possibility of injury or ailment, including, but not limited to ear infections, breathing difficulties, eye irritation and athletes foot, and less likely, although still possible risks of death or injury, included but not limited to, serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of my child’s body, general health, and well-being. I further understand that the dangers and risks of participation in swimming activities may result not only in serious injury, but in a serious impairment of my child’s future abilities to learn, earn a living, engage in other business, social and recreational activities and generally to enjoy life.

Despite the inherent risks associated with swimming, some of which are outlined above, I consent to my child’s participation in such activities at the UNLV SRWC. I acknowledge that my child is in good physical condition and that I know of no allergies, physical impairments, disabilities, or other condition or reason that would prevent me from safely participating in swimming activities.

I understand and agree that my child will be required to abide by all certify rules and regulations of the UNLV SRWC, including those related to the pool area. I agree that if my child fails to abide by such rules and regulations, he or she will not be allowed to participate in any further swimming activities.

I understand and agree that the UNLV SRWC cannot be expected to control all of the risks articulated in this form but may need to respond to accidents and potential emergency situations. In the event of illness or injury resulting or arising directly or indirectly out of my participation or involvement with
swimming lessons, swimming programs or activities offered by UNLV SRWC, I hereby give my consent and authorization for any and all medical treatment that may be required during my child’s participation with the understanding that the cost of any such treatment will be my sole responsibility. I agree to hold NSHE on behalf of UNLV, their officers, agents, volunteers, and employees harmless from all costs associated with such treatment. UNLV does not carry medical or accident insurance for the activities mentioned unless the participants are informed otherwise. As such, participants should review their personal insurance portfolio.

I understand that as a university sponsored program, that the student rights and responsibilities outlined in the UNLV Code of Conduct and all other NSHE/UNLV policies apply.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE BEFORE HAVING SIGNED THIS DOCUMENT.

Please print.

Child’s Name: ____________________________________________ Date of Birth: ____________________

Relationship (Please indicate whether Parent or Guardian) __________________________________________

Parent or Guardian’s Name: ___________________________________________________________________

Address: _____________________________________________________________________________________

City        State       Zip

Email Address: ______________________________________________________________________________

Phone: _________________________________ Cell Phone: ____________________________________________

________________________________________________________  __________________________
Parent or Guardian Signature      Date

Person to Notify in Case of an Emergency

Participant’s Name: ________________________________________________________________________

Date of Birth: _____________________________________________________________________________

Emergency Contact:

Name: _____________________________________________________________________________________

Phone #: ___________________________________________________________________________________ 

Address: __________________________________________________________________________________

City: ___________________________ State: ______________ Zip: __________