

**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 \_\_\_\_\_, 2015.

Witness \_\_\_\_\_ Parent(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other than Parent

Emergency Name & Phone Number

**Please return to:**

Samford University  
KINE Department  
800 Lakeshore Drive  
Birmingham, AL 35229  
ATTN: Dollie Brice