

**The University of Southern Mississippi  
Recreational Sports  
Release and Assumption of Risk**

For and in consideration of the right to be a participant member in Recreational Sports sponsored Learn To Swim Program, I, \_\_\_\_\_ (please print participant name), do hereby release and agree to hold forever blameless, the University of Southern Mississippi, its Trustees, Officers, Agents, Employees, and all members of Recreational Sports from any responsibility, liability, obligation, claims, injury or damage to property of others caused by me growing out of or resulting from my incidental participation in the University sponsored activity.

Further, I understand that participation in a Recreational Sports sponsored activity is purely voluntary and is not part of the academic curriculum of the University of Southern Mississippi and that many of the activities of Recreational Sports involve substantial risk of bodily injury, property damage and other damages associated with participation in such activity. With full knowledge of such risk, I hereby agree to assume such risks normally associated with participation in said activity. **I expressly understand and agree to be solely responsible for any cost arising out of any bodily injury or property damage sustained through participation in that activity.**

*FOR MARRIED PARTICIPANTS OR PARTICIPANTS UNDER 18 ONLY\**

I understand that, as a married participant and/or participant under 18, the signature of my spouse, parent or guardian is required in the space indicated below and that such signature signifies acceptance by said spouse, parent or guardian that the terms and conditions herein shall be binding upon them and shall constitute a release by them in the same manner and with the same force and efforts as above set forth in regard to participating in the said activity.

**PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. THIS RELEASES THE UNIVERSITY OF SOUTHERN MISSISSIPPI FROM ANY LIABILITY RESULTING FROM MY PARTICIPATION IN THE ABOVE DESCRIBED RECREATIONAL SPORTS SPONSORED PROGRAM.**

USM ID# of SSN# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Campus/Local Address \_\_\_\_\_

Local Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Participant Signature \_\_\_\_\_

\*Spouse/Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Parents Name and Address \_\_\_\_\_

\*Parents Phone Number \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\*All signatures, including participant signature, MUST be completed on this form.