LOYOLA UNIVERSITY MARYLAND

DEPARTMENT OF RECREATIONAL SPORTS FITNESS & AQUATIC CENTER (FAC)

REQUEST FOR CHILD / MINOR TO PARTICIPATE & RELEASE AGREEMENT

Name of Participating Child / Minor (Print)	Birth Date
Address (Print)	Phone Number
Name of Participating Child / Minor (Print)	Birth Date
Address (Print)	Phone Number
empowered to sign this agreement. I am requesting that my child Maryland's Recreational Sports program and/or use its Fitness and that my child's/children's participation in Recreational Sports active	d Aquatic Center facilities. By my signature below, I acknowledge rities and use of the Fitness and Aquatic Center facilities involves ess and even death, and I understand and appreciate the nature of
I understand that I am responsible to make certain that my child/ Recreational Sports programs and facilities and recognize that priva a copy of the rules and regulations and understand that Loyola Ur	vileges may be revoked if violations occur. I have received and read
examination to determine one's level of fitness prior to participation screen, medically or otherwise, individuals to participate in Recreat facilities. I understand and agree that it is my sole responsibility to	derstand that Loyola's Recreational Sports recommends a physical on. I understand that Loyola University Maryland, Inc. does not ational Sports activities and use its Fitness and Aquatic Center o make certain that my child/children is/are physically healthy and University Maryland, Inc. in conjunction with its Recreational Sports oes not provide medical treatment. Further, I understand that
from the Loyola University campus, and I am aware that Loyola by the College with auto liability insurance. I am aware that Loyolavehicles (vehicles not owned or leased by Loyola University), even	nal Sports programs may require transportation to a location awa University provides drivers in automotive vehicles owned or leased ayola University does not provide insurance for the use of personal in if such vehicles are used in conjunction with a Recreational Sport I be responsible for liability arising out of any accidents or injuries.
INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSI	rtunity for my child/children to participate and/or use the Fitness of of myself and my minor child/children hereby forever RELEASE FICERS, INSTRUCTORS, EMPLOYEES, VOLUNTEERS, AND MLESS FROM ANY AND ALL CLAIMS, LIABILITY FOR BODILY ED BY ANY REASON WHATSOEVER, resulting from my reational Sports programs and activities and use of its Fitness and nor child/children, I expressly hereby forever RELEASE, IARYLAND, INC. FROM ANY CLAIMS OR LIABILITY FOR ESS AND AQUATIC CENTER AS A RESULT OF ANY ACTS OF
AND SIGN IT VOLUNTARILY.	AND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT,
Signature of Parent/Guardian Name of Parent/Guardian and Membership Number (print)	Date
Lovola Employee Signature (Witness)	REVISED 1.20.10