INFORMED CONSENT RELEASE AND EXPRESS ASSUMPTION OF RISK

Open Pool and/or Dome Recreational Activities

Edinboro University

I realize injuries can be a consequence of participation in open pool and/or dome recreational activities and no amount of reasonable supervision or use of the facility will prevent injury. I appreciate the character of the risk involved, and I voluntarily assume all risk of possible death, harm or injury. I understand and appreciate that open pool and/or dome recreational activities and physical activity involving rigorous exertions and is inherently subject to a risk of substantial physical injury and even death from some actions.

In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of Edinboro University, Pennsylvania State System of Higher Education, the Commonwealth of Pennsylvania, and the employees, officials or agents of any and all of the foregoing, pursuant to, pertaining or related to, or arising from, in any matter, injuries to me as a result of my participation in this activity.

By my signature below, I certify that I completely understand this document.

Participant Printed Name  ____________________  Participant/Guardian Signature  ____________________  Date  ________________

Participant Printed Name  ____________________  Participant/Guardian Signature  ____________________  Date  ________________

Participant Printed Name  ____________________  Participant/Guardian Signature  ____________________  Date  ________________

Participant Printed Name  ____________________  Participant/Guardian Signature  ____________________  Date  ________________

WITNESS:

Witness Printed Name  ____________________  Witness Signature  ____________________  Date  ________________
INSURANCE AND PHYSICAL ACTIVITY RELEASE FORM

Open Pool and/or Dome Recreational Activities

I, ____________________________, have had a recent physical examination and am physically able to participate in **open pool and/or dome recreational activities**. I know I am responsible for my own medical expenses if I am injured during this activity.

In the event of illness or injury resulting or arising directly or indirectly out of said activity, I hereby give my consent and authorization for (1) administration of emergency first aid care and treatment at the scene of the emergency by faculty, staff members, or volunteers of the UNIVERSITY or (2) the administration of any treatment deemed necessary by a licensed physician or dentist and (3) the transfer to any hospital reasonably accessible. The authorization is not intended to cover major surgery unless the medical opinions of two (2) licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery. I further declare and warrant that I am covered by sufficient medical and dental insurance and that such insurance will remain in effect during my child’s participation in said activity.

Participant Printed Name ________________________________________________
Participant/Guardian Signature ____________________________ Date __________

Participant Printed Name ________________________________________________
Participant/Guardian Signature ____________________________ Date __________

Participant Printed Name ________________________________________________
Participant/Guardian Signature ____________________________ Date __________

Participant Printed Name ________________________________________________
Participant/Guardian Signature ____________________________ Date __________

**EMERGENCY CONTACT INFORMATION:**
If there is an emergency, please contact:

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