



## Informed Voluntary Consent and General Release

*(For parent/guardian signature of participants under age 18)*

In consideration of participation in the University of Dayton \_\_\_\_\_ as described herein, and having actual knowledge and appreciation of the particulars of the program and those risks involved in this type of activity/program, I, on behalf of my child, voluntarily consent to use of the facilities and participation in the activities/programs at this site, and assume all the risks arising therefrom.

**Sponsoring Organization/Department:**

**Date(s):**

I hereby declare that my child is in good health and has no mental or physical condition or symptoms that could interfere with her/his safety or the safety of others while participating in any activity using any equipment or facilities of the University of Dayton. Furthermore, I certify that (s)he has adequate health insurance to cover any injury or damage that (s)he may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages to her/him.

I, the undersigned, do hereby release, hold harmless, indemnify, waive, and discharge the University of Dayton and all its officers, agents, and employees from and against any and all claims, demands, actions or causes of action arising from any injuries or damages my child may suffer or sustain from her/his participation in, or use of, any facility, equipment, and/or programs. Furthermore, in full recognition and appreciation of the potential dangers and hazards inherent in athletic and other activities, I do hereby agree to assume any and all risks, liabilities, and responsibilities for all accidents, injuries, damages, or property losses arising from my child's participation.

In the event of a medical emergency requiring more than basic first aid, I authorize University of Dayton to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

**I have read and fully understand the above statements.**

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Print Name of Participant

Print Name of Parent/Legal Guardian

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Signature of Participant

Signature of Parent/Legal Guardian

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Date