



Statement of Health Status

This is to certify that to the best of my knowledge my present physical condition will permit my participation for the event I am stated below.

Event: Splash Away Cancer Fundraiser for UNM Cancer Center/UNM Foundation

Print Name: _____

Local Address: _____

Emergency Contact

Name: _____ phone: _____

Please note any existing or reoccurring medical concerns below: _____

Statement of Agreement

I, _____, understand that there are inherent risks involved in swimming as in all physical activity. The University of New Mexico, Recreational Services and Lobo Aquatic Club assumes no liability with regard to injuries that occur as a consequence of normal participation. I hereby waive, release and discharge any claims for death, personal injury, property damage, or property loss. I choose to participate in this activity by my own free will and accept all elements of risk involved. I agree to follow all safety guidelines indicated through instruction and postings.

Signature: _____ Date: _____

(Please present completed form at the check-in desk the day of the event.)