## Participation in DIVE Cincinnati, Inc. Athletic Programs (2023-2024)

| All DIVE Cincinnati Athletic Programs include, but are not limited to: diver training, tryouts, camps and clinics.  List the names and ages of all participants for which you are signing this form:  |   |
|---|---|
|   |   |
| 2 4   |   |
| Print the name of the person completing this form (Parent/Guardian if the participant is under 18 years of age):  |   |
| Phone number at which you may be reached during this program:   |   |
| Email Address:  |   |
| RELEASE OF ALL CLAIMS   |   |
| Because participation in all DIVE Cincinnati, Inc. Athletic Programs (includ and clinics) involves physical activity with risk of personal injury or damage to require participants to execute this Release Form prior to any particip  | e to property, it is the policy of DIVE Cincinnati, In  |
| <ol> <li>In consideration of, and as a condition of being granted the opportunity hereby release and forever discharge all trustees, officers, emplarranged, advised, or supervised any function of this activity for my assigns from all claims demands, actions, and causes of action for or which may arise out of or be in any way related to their negligence.</li> </ol>  | oyees and agents of DIVE Cincinnati, Inc. whyself and my heirs, executors, administrators, an personal injury or any other damage now existin   |
| 2. I do hereby also agree to acquire - prior to participation in this activithe participant will be engaged in this activity - a policy of health ar treatment for any injuries sustained as a result of such activity. Such authorized and licensed to do business within the State of Ohio ar provide coverage sufficient for the risks presented by this activity.   | nd accident insurance covering hospitalization an insurance shall be through an insurance compan  |
| 3. Registration for the DIVE Cincinnati, Inc. Program entitles the register of Recreational Sports or Mariemont High School facilities during accompany the participant for the purpose of watching during the program and extend any membership privileges to the NKU Department High Schools' facilities for the participant or family members. Nor policy may be removed from the program and refused further regist Sports Facilities, please visit www.Campusrec.nku.edu or call 859-572-6 | the set program schedule. Family members ma rogram's scheduled practice time. This registration of Recreational Sports' facilities or to Mariemorn-member participants deemed in violation of thi tration. If interested in using the NKU Recreations |
| I HAVE READ AND DO FULLY UNDERSTAND AND AGREE TO BE BO  | OUND BY ALL OF THE ABOVE PROVISIONS.  |
| Signature of Participant(s) (if 18 years of age or older) or Parent/Guardian  | <br>Date  |