



# Volunteer Registration Form

MSU Adapted Swim Camp

May 19-23, 2025

Sanderson Recreation Center

**VOLUNTEER AGE REQUIREMENT:** at least 15 years old.

**VOLUNTEER SKILL REQUIREMENT:** must be comfortable in the water.

## Volunteer Demographics:

**Full Name:** \_\_\_\_\_ **Sex (M or F):** \_\_\_\_\_

**Age:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Emer. Contact:** \_\_\_\_\_

**Emergency Contact Phone:** (\_\_\_\_\_) \_\_\_\_\_

## Volunteer Orientation & Training:

There is a 30-minute Camp Orientation (for parents of swimmers and all volunteers) on Sunday May 18<sup>th</sup> at 6pm at Sanderson Recreation Center. A volunteer training session will precede the orientation from 5-6pm in the pool. During these sessions you will learn about the MSU Adapted Swim Camp's daily program. You will learn your responsibilities as a volunteer, as well as receive specific training on adapted swim methodology so that you can work effectively with your swimmer. The majority of the volunteer training will be in the pool. Please wear a swimsuit and bring a towel. This training is important to the success of our swimmers. Please make every effort to attend.

***Please plan to arrive at the camp each day 15 minutes prior to your session start time. This will allow for daily updates on what you will be working with your swimmer on.***

## Volunteer Role:

You will be assigned to work with a swimmer as they learn basic swimming skills and water safety. You will provide guidance, encouragement, and physical support, as needed. Because of the bond and comfort level developed between swimmers and volunteers it is very important that barring emergencies, you make every effort to be at camp for all five days for the session(s) you are volunteering at.

## Volunteer Skill Level:

Please mark the box below indicating your highest level of swim experience:

**Skill Level**

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- Beginner
- Intermediate
- Advanced (Swim team experience, etc.)
- Certified Lifeguard or Swim Instructor

Comments, if necessary: (e.g. previous experience, physical limitations, etc.): \_\_\_\_\_

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## Session(s) Volunteering For:

We ask volunteers to commit to attending **all 5** days of camp for the session(s) you select. Our swimmers bond with their assigned volunteers and rely on the same person to be there to support them each day of camp.

Please mark the box(es) indicating the session(s) for which you would like to volunteer:

<b>Session#</b>	<b>Times</b>
<input type="checkbox"/> Session 1	11:15am-Noon
<input type="checkbox"/> Session 2	12:15pm-1:00pm
Session 3	2:00pm-3:00pm
Session 4	3:15pm-4:15pm

Comments (e.g. day you cannot attend or will be arriving late): \_\_\_\_\_

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# MISSISSIPPI STATE UNIVERSITY

## Waiver and Release for Volunteers

*This is a release of legal rights; please read and understand before signing!*

I, \_\_\_\_\_ will be volunteering at the Mississippi State Adapted Swim Camp (Activity) sponsored by the Department of Kinesiology of Mississippi State University (“MSU”) on/during May 19-23, 2025.

On behalf of myself/my child, I understand that there may be risks involved with this Activity, both anticipated and unanticipated and I am taking part in this Activity or allowing my child to do so. I am aware that the events involved in the Activity may include, but are not limited to, drowning, slip and fall and other pool related hazards. As a condition of my and/or my child’s participation in this Activity, I assume full responsibility for any risk of loss or damage to property or any personal injury, even death, which may be sustained by me and/or my child while participating voluntarily in this Activity, or while I and/or my child are on the premises where the Activity is conducted, or while I and/or my child are traveling to and from this Activity. All my questions about this Waiver and this Activity have been answered to my satisfaction and I freely and knowingly elect to participate in this Activity or allow my child to do so.

On behalf of my child and myself, I waive, release, and discharge MSU and its employees, assigns, agents, and affiliated entities, along with the Board of Trustees of State Institutions of Higher Learning for Mississippi (hereinafter “Releasees”). I agree and covenant that I will not sue any of the Releasees for any liability related to my participation in this Activity, whether caused by negligence, a breach of an express or implied contract, or otherwise. I further agree to indemnify and hold harmless the Releasees from any loss, liability, damages or costs, including but not limited to court costs and attorney’s fees, which may result from my and/or my child’s participation in this Activity and any injuries or loss which may occur.

I acknowledge that the Releasees, as public entities or employees, do not carry liability insurance for this Activity and that in order to allow this Activity and others like it, it is essential that the Releasees not be subject to liability or such Activities sponsored by the Releasees may not be feasible in future public educational programs offered by the Releasees.

It is my express intent that this agreement shall bind the members of my and/or my child’s family and spouse (if any), if I am alive, and my heirs, assigns and personal representative if I am not alive, and this Agreement shall be deemed as a release, waiver, discharge, and covenant not to sue the above Releasees. I hereby further agree that this Agreement shall be construed in accordance with the laws of the State of Mississippi.

**In signing this release, I acknowledge and represent that I have read and understood the foregoing Agreement, and that I sign it voluntarily of my own free will. No oral or written representations or statements of inducements, apart from the foregoing written Agreement, have been made. I execute this waiver and release for full, adequate, and complete consideration, fully intending to be bound by its terms.**

\_\_\_\_\_  
Signature of Volunteer and Date

\_\_\_\_\_  
If Under 18 -- Signature of Parent & Date

\_\_\_\_\_  
Printed name of Volunteer

\_\_\_\_\_  
If Under 18 -- Printed name of Parent

# Photo/Video Media Release Form

I hereby grant Mississippi State University on behalf of its College of Education ("MSU") permission to use my likeness in any photographs, video or other digital or print productions ("Materials") in any and all of its publications and other media for use by MSU. I understand and agree that the Materials will become the property of MSU and will not be returned.

In addition, I waive the right to inspect or approve the Materials and to receive any royalties or other compensation arising or related to the use of the Materials. I hereby hold harmless and release MSU and its representatives from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

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***If the person signing is under age 18, there must be consent by a parent or guardian, as follows:***

I certify that I am the parent or guardian of \_\_\_\_\_, named above, and give my consent for the purposes set forth in original release on behalf of this person.

\_\_\_\_\_  
(Parent/Guardian's Printed Name)

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)