

PLEASE READ THE FOLLOWING CAREFULLY. IF YOU HAVE ANY QUESTIONS, HAVE THEM ANSWERED BEFORE SIGNING THIS DOCUMENT.

In consideration of being permitted to participate as a member of the \_\_\_\_\_ Sport Club and to participate in the described activities: \_\_\_\_\_ - all of which may result in bodily injury, in full recognition and appreciation of the dangers and risks inherent in such activities, I hereby release and forever discharge the University of South Carolina Upstate, its officers, agents and employees (collectively "the University"), from and against any and all claims, demands, actions or causes of action, for costs, expenses or damages to personal property, or personal injury, or death, which may result from my participation in the aforesaid activities, or while in transit to or from the activities, or in any place or places reasonably connected with the activities.

I acknowledge that my participation in the above described activities is voluntary. I also understand and acknowledge that the aforesaid activities may be hazardous, that my participation is solely at my own risk, and that I voluntarily assume full responsibility for any resulting loss of property, injuries or damages, including death. I declare that I am physically fit and capable to participate in such activities and that I know of no medical reason why I should not participate. I acknowledge and represent that I am at least eighteen years of age, that I have carefully read this document and that I sign freely and voluntarily.

I understand that I am not covered by a University health/medical insurance policy, and I acknowledge that I am solely responsible for any medical or other costs that may result from my participation in this activity. I certify that I have adequate health/medical insurance necessary to pay any medical costs that may result from my participation in this activity.

I recognize that this Waiver of Liability and Release means I am giving up, among other things, the right to sue the University for injuries, damages or losses I may incur as a result of my participation in the aforesaid activities. I also understand that this Waiver of Liability and Release binds my heirs, executors, personal representatives, administrators and assigns.

I further agree to indemnify and hold the University harmless from any loss, liability, damage or costs including court costs and attorney's fees incurred as a result of my participation in these activities. This Waiver of Liability and Release shall be governed by and construed under the laws of the State of South Carolina.

I further consent to being the subject of photographs and/or video recordings taken by the University of South Carolina Upstate, and authorize the University of South Carolina Upstate to exhibit the photographs and/or video recordings as still photographs, video or other similar media either on the Internet or otherwise. I release the University, as well as any assignees, from any and all claims of damages for invasion of privacy or any other claim based on use of the above-described materials.

I have read this entire Waiver of Liability and Release, I understand it and I agree to be legally bound by it.

_____ Signature (Participant)	_____ Last 4 Digits of USC Upstate ID #	_____ Email Address
_____ Local Address (PO Box)	_____ City, State, Zip	_____ Local Phone
_____ Witness	_____ Signature of Parent or Guardian (If under 18 years of age)	_____ Date

Membership Status: (Please initial one)

\_\_\_\_ Faculty/Staff

\_\_\_\_ Full-Time Student (12 or more hours & paying the University Fee)

\_\_\_\_ Part-Time Student (6 or more hours & paying the University Fee)

\_\_\_\_ Graduate Student (paying the University Fee)

**DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY**

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Today's Date: \_\_\_\_\_ D.O.B./Age/(M / F): \_\_\_\_\_

Name: \_\_\_\_\_

Class: \_\_\_\_\_

Status: \_\_\_\_\_

Paid Activity Fee: (circle)      YES      NO      \*see below

\*Explanation: \_\_\_\_\_

