

State of South Carolina)
)
County of Richland)

Office of Campus Recreation
Sports Clubs
Waiver Of Liability and Release

Fall/Spring 20__

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 Gamecock Dance Sport Sport Club and to participate in the described activities: Practice and performance of dances including, but not limited to waltz, fox trot, cha-cha, tango rumba, swing, salsa, shag, merengue, jive, and hustle.

Initial

I, _____, in full recognition and appreciation of the dangers and risks inherent in such activities, do hereby waive, release and forever discharge the University of South Carolina, its officers, agents and employees, 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.

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 further declare that I am physically fit and capable to participate in such activities. 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 recognize that this Waiver of Liability and Release means I am giving up, among other things, right to sue the University of South Carolina, its officers, agents, and employees, 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, attorneys-of-law, attorneys-in-fact, administrators and assigns, as well as myself. I further agree to indemnify and hold the University of South Carolina 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 have read this entire Waiver of Liability and Release, I fully understand it and I agree to be legally bound by it.

_____	_____	_____	_____
Signature (Participant)	Social Security #	Email Address	
_____	_____	_____	_____
Local Address (PO Box)	City	State	Zip
_____	_____	_____	_____
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

<p>Today's Date: _____ D.O.B./Age/(M / F): _____</p> <p>Name: _____</p> <p>S.S. #: _____</p> <p>Class: _____</p> <p>Status: _____</p> <p>Paid Activity Fee: (circle) YES NO *see below</p> <p>*Explanation: _____</p>
