

**USC-OFFICE OF CAMPUS RECREATION
FACILITY USE
WAIVER of LIABILITY and RELEASE**

Participant
(Please Print)

Name (Last, First, M.I.)

Address

City, State, Zip Code

_____ N/A

Gender (M/F)

Class (F, Soph, J, Sr)

Date: _____

USC ID#: _____ N/A

Phone #: _____

DESCRIPTION OF ACTIVITY OR TRIP:

Men's Rugby: High School Match

LOCATION(s) of Activity or Trip:

Strom Thurmond Wellness & Fitness Center Fields & Facilities

Solomon Blatt PE Center Fields & Facilities

Greene St. Fields & Facilities

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

In consideration of my child being permitted to use the Strom Thurmond Wellness & Fitness Center fields and facilities, the Solomon Blatt PE Center Fields & Facilities, & the Greene St. Fields & Facilities ("the activity"), I, on behalf of myself and my child and in full recognition and appreciation of the dangers and risk inherent in such an activity, do hereby covenant not to sue, and 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 child's participation in the aforesaid activity.

I acknowledge that my child's participation in the above activity is voluntary. I also understand and acknowledge that the activity may be hazardous, that my child's participation is solely at his or her own risk, and that I assume full responsibility for any resulting loss of property, injury, or damage including death, whether caused by negligence of the University of South Carolina, its governing board, officers, employees, or representatives, or otherwise. I further declare that my child is physically fit and capable to participate in such activities. I acknowledge and represent that I have carefully read this document and that I sign freely and voluntarily.

I recognize that this Waiver of Liability and Release means that I am giving up, among other things, rights to sue the University of South Carolina, its officers, agents, and employees, for injuries, damages or losses my child may incur as a result of his or her participation in the aforesaid activity. I also understand that this Waiver of Liability and Release binds my child, my child's heirs, next of kin, executors, estate, 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, its officers, agents, and employees harmless from any loss, liability, damage or costs including court costs and attorney's fees incurred as a result of my child's participation in this activity. This Waiver of Liability and Release shall be governed by and construed under the laws of the State of South Carolina.

I agree to abide by the rules and regulations that the University of South Carolina and the Office of Campus Recreation have established or will establish. I have read this Waiver of Liability and Release, and I fully understand it and agree to be legally bound by it.

Signature of Parent or Legal Guardian

Date

Membership Status: (Please initial one)

____ Faculty/Staff Membership

____ Student

____ Guest

____ Spouse Membership for the Strom Thurmond Wellness & Fitness Center

For Office Use Only: The person listed above is an approved member of the facility? **YES** _____ **NO** _____