

Clemson University
Assumption of Risk and Release from Liability

I, _____, acknowledge that I am a student at Clemson University (UNIVERSITY). I would like to participate in the following ACTIVITY:

_____ which is sponsored/organized by the _____ Department/Club and will take place on the following date(s) _____.

In consideration for being allowed to participate in this ACTIVITY, I the undersigned, acknowledge, appreciate and agree that:

1. There are inherent risks involved with this ACTIVITY, including but not limited to _____ and I choose to voluntarily participate in this ACTIVITY with full knowledge that said ACTIVITY may be hazardous to me and my property. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by me as a result of my participation.
2. I certify that I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in this ACTIVITY.
3. I understand that this ACTIVITY is [may be] physically strenuous and I know of no medical reason why I should not participate.
4. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my participation in this ACTIVITY, whether caused by negligence of the UNIVERSITY, its Board of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my negligent or intentional act or omission while participating in this ACTIVITY.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

_____ Age _____ Date Signed _____
PARTICIPANT'S SIGNATURE

Signature witnessed by:

_____ Witness _____ Witness

If participant is under the age of 18, his or her parent or legal guardian must also sign:

I, (printed name) _____, am the parent or legal guardian of the participant who has signed above. I have read and I understand the Provisions of this document, I consent to the participant taking part in the ACTIVITY described above, and I fully enter into and agree to the above Assumption of Risk and Release from Liability.

_____ Date Signed _____
SIGNATURE OF PARENT OR LEGAL GUARDIAN

Signature witnessed by:

_____ Witness _____ Witness