Assumption of Risk and Release from Liability

In consideration for having access to Campus Recreation programs, facilities, and equipment, I agree to abide by all Campus Recreation guidelines and rules. I understand Clemson University does not provide accident/medical insurance coverage for Campus Recreation members or their guests. I understand that there are numerous risks of injury associated with exercise, the use of fitness and sports equipment, the use of Campus Recreation facilities (gyms, swimming and diving areas, indoor track, climbing wall, racquetball courts, and other indoor and outdoor facilities). This is including but not limited to abrasions, bruises, lacerations, broken bones, muscle or joint sprains, muscle or tendon strains and tears, head and/or brain injuries, broken teeth, dehydration, respiratory problems, heart problems, heart attack, stroke, paralysis, and drowning. I voluntarily assume full responsibility for any risk of loss, damaged or stolen property, or personal injury, including death, which may be sustained by me as a result of my participation in Campus Recreation programs or use of Campus Recreation facilities and equipment. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representative from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may occur as a result of participation by me and the minors listed in Campus Recreation programs or use of Campus Recreation facilities and equipment. I also agree to indemnify and hold Clemson University harmless 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 Campus Recreation programs or using Campus Recreation facilities and equipment.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY 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.

__________________________  ___________________________  _____________
Adult Name (18 years of age or older)  Signature  Date

Please list any minors participating below.

__________________________  ___________________________
Minor 1 (Must be 17 years of age or younger)

__________________________  ___________________________
Minor 2 (Must be 17 years of age or younger)

__________________________  ___________________________
Minor 3 (Must be 17 years of age or younger)

__________________________  ___________________________
Minor 4 (Must be 17 years of age or younger)

Parent/Guardian Name (please print): __________________________________________

Parent/Guardian Name (sign): ___________________________  Date: _____________