

**STUDENT LIABILITY RELEASE AND WAIVER**

1. I, the undersigned College of Charleston student, am at least 18 years of age and desire to participate in the \_\_\_\_\_ **scheduled to be held on** \_\_\_\_\_, **20**\_\_\_\_ (the “Activity”). This Activity has been explained to me and I fully understand and appreciate the dangers, hazards, and risks that may arise from engaging in the Activity. These dangers, hazards, and risks can result in injury and impairment to my body, general health, well being, and could include serious or even fatal injuries.

2. Knowing the dangers, hazards, and risks of the Activity and in consideration of being permitted to participate in the Activity, on behalf of myself, my family, spouse, heirs, and personal representative(s) (the “Releasors”), I agree to assume all the risks and responsibilities surrounding my participation in the Activity. On behalf of myself and the Releasors I hereby covenant not to sue the College of Charleston, or its trustees, officers, representatives, and employees (“Releasees”), and I hereby release, waive, forever discharge the Releasees from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me or a Releasor, arising out of, or related to, the Activity, whether caused by the negligence or carelessness of the Releasees or otherwise. I further agree to indemnify and hold harmless the Releasees from and against any loss, liability, damage or cost, including court costs and attorneys’ fees, that may arise due to my participation in the Activity. It is my expressed intent that this **Liability Release and Waiver** shall bind me, the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a legally binding release, waiver, discharge and covenant not to sue the Releasees.

3. I agree to conduct myself in accordance with the rules of conduct and standards of behavior that are expected of me as a student of the College of Charleston and to abide by the various instructions and guidance I am given by the College Department of Public Safety or by an Activity coordinator designated by the College of Charleston.

4. I do not suffer from a physical or mental impairment that would limit my ability to participate in Activity. I understand, agree and hereby grant Releasees permission to authorize emergency medical treatment for me, if necessary and arising out of the Activity, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

**THIS IS A LEGAL AGREEMENT AND INCLUDES A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Student: \_\_\_\_\_