STATE OF SOUTH CAROLINA) NOTICE, LIABILITY RELEASE
) WAIVER, DISCHARGE AND
COUNTY OF HORRY) COVENANT NOT TO SUE

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

I, the undersigned, desire to work as a volunteer for Coastal Carolina University. I am fully aware that the University's insurance carrier does not cover me for any injury to my person or damage to my property that might occur while I am doing volunteer work for the University. I am also aware that my volunteer activities do not create any type of employment relationship between me and the University as a permanent, part-time, or temporary employee and, further, I acknowledge that I am not entitled to any of the benefits or perquisites of University employees, including, but not limited to, workers' compensation.

Being therefore fully aware of this information and also of the risks and dangers associated with the volunteer work, I nevertheless agree to assume all of the risks and responsibilities of these activities, including any travel. I do release, waive, forever discharge, and covenant not to sue Coastal Carolina University, its governing board, officers, agents, and employees 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 or my property may suffer from my participation in this activity as a volunteer.

This document shall bind the members of my family, my estate, heirs, administrators, personal representatives, or assigns and anyone else who might have a derivative cause of action from any injury to me or my property.

I am at least sighteen (10) years of any and fully commetent to sign this document

Signature	Typed or Printed Name
Witness	Date
If the volunteer is not at least eighteen guardian is required.	(18) years of age, the signature of a parent of
Signature of Parent or Guardian	Date
Witness	<u> </u>