

COASTAL CAROLINA UNIVERSITY
ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT FOR
WILLIAMS-BRICE POOL

I, _____ (please print full name), affirm that I am voluntarily participating, or my minor child is voluntarily participating, in the activity and further acknowledge that I know, understand, and appreciate the inherent risks of any Activity or Activities. I fully accept and assume all such risks, whether foreseeable or not, and all responsibility for any losses, costs, expenses, liabilities, and damages that may be incurred as a result of or in connection with my, or my minor child's participation in any way, in any activity.

_____ I hereby accept and assume all risks, known and unknown and assume all responsibility for the losses, cost, and/or damages following such injury, disability, paralysis, or death.

_____ I hereby release Coastal Carolina University, their officers, directors, employees, representatives, agents, and volunteers, from liability and responsibility, whatsoever for any claim of action that I, my estate, heirs, executors, or assigns may have for any personal injury, property damage, or wrongful death arising from the use of the Williams-Brice Pool caused by active or passive negligence of CCU or otherwise with the exception of gross negligence. By executing this document, I agree to hold CCU harmless for any injury, including paralysis, or permanent disability, or loss of life which may occur to me or my minor child, during the activity.

_____ I hereby waive and release Coastal Carolina University, the instructors, officers, directors, employees, representatives, agents, and volunteers of all liability for any illness or injuries incurred while at, or in transit to and from the Williams-Brice Pool.

_____ By entering into this agreement, I am not relying on any oral or written representation or statements made by Coastal Carolina University, other than what is set forth in this agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of South Carolina.

I HAVE READ THIS AGREEMENT. I UNDERSTAND IT AND AGREE TO BE BOUND BY IT.

Signed this _____ day of _____, 20____.
Parent or Legal Guardian Signature (if under 18 years of age) _____

Participant Signature: _____

Printed Name: _____

Date of Birth: (mm/dd/yy): ____ / ____ / ____

Participant's Physician or Health Care Professional: _____

Should medical assistance be needed, Coastal Carolina University will call Horry County EMS for emergency transport to the nearest medical facility

COASTAL CAROLINA UNIVERSITY

Parental Consent, Assumption of Risk and Release from Liability Form

The purpose of this form is to enable our staff and/or health facilities in the area to provide prompt care to your minor child(ren). We must have a completed *Parental Consent Form* on file. This way, we can help your child without delay in the event of an emergency.

Name of minor: _____
Camp Attending: _____
Birthday: _____ Social Security #: _____
Insurance Company's Name: _____
Medical/Hospitalization Insurance Policy #: _____
Phone Number of Office Holding Policy: _____

Medical Information

Allergic Reactions: _____
Medication(s) Presently Taking: _____
Date of Last Tetanus Shot: _____
Past illness or other information that would be useful in the event treatment is necessary:

Emergency Phone Numbers

Father (Home): _____ Mother (Home): _____
Father (Work): _____ Mother (Work): _____
Father (Cell): _____ Mother (Cell): _____

Other contact in event parents can not be reached:

Name: _____ Relationship: _____
(Home): _____ (Cell): _____

I voluntarily agree to allow my minor child(ren) to participate in this activity and hereby accept and assume all such risks, known and unknown, and assume all responsibility for the losses, costs and/or damages following such injury, disability, paralysis or death, even if caused, in whole or part, by the negligence of Coastal Carolina University with the exception of willful or gross negligence.