

USC Aiken
Release From Liability

All participants who take part in any activities or services offered by University of South Carolina Aiken must complete this form. If a participant is under 18, both the participant and the participant's guardian must complete this Release. The participant and the guardian, if applicable, must sign this Release in the presence of a witness. No participant will be permitted to take part in any outing or activity offered by USCA unless and until this release has been completed.

_____, the participant, and his/her guardian (if applicable) understand that he/she will be taking part in Equestrian Club or Equestrian Team-
_____.

Activities **during the 2020 -2021 academic year.** In consideration of the University's agreement to organize and facilitate activities, participant and his/her guardian, if applicable, in full recognition and appreciation of any risks, hazards or dangers inherent in the activities which may be encountered during club meetings, events, practices, horse shows and any club sponsored event throughout the year, and to which participant may be exposed, do hereby agree to assume all the risks and responsibilities surrounding participation in this activity. Further, participant and guardian do for themselves, their heirs and personal representative, hereby agree to defend, hold harmless and indemnify, release and forever discharge USCA, its officers, directors, agents, shareholders, servants and employees from and against any and all claims, demands and actions or caused of action on account of or resulting from causes beyond the control of, and without the fault or negligence of USCA, its officers, directors, agents, shareholders, servants and employees, during the period of participation as mentioned.

Participant and his/her guardian fully understand and acknowledge the risks involved in these activities, and agree to assume those risks involved in participation in this activity. Participant and guardian understand that USCA and its officers, directors, agents, shareholders, servants and employees assume and accept no liability for personal injury or loss of life or damage to personal property.

Participant and his/her guardian fully understand that due to the nature of Club Sports the university's secondary insurance may not cover injuries sustained during the activity.

_____ and his/her guardian (where applicable) do further attest and verify that they know of no physical or mental condition from which said participant suffers which could endanger him/her and/or other participants engaged in this activity.

IN WITNESS WHEREOF, participant and guardian have caused this RELEASE to be executed by their hand on this _____ day of _____, 20____.

PARTICIPANT'S SIGNATURE

GUARDIAN'S SIGNATURE

(required if participant is under 18)

(printed name)

(turn page over)

Release of Liability and Medical Information Form

I understand that parts of USCA Equestrian Program experience may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that might endanger my own health or the health of other participants.

I recognize that the inherent risk of physical injury could result from these activities: I therefore, release, discharge, and hold harmless, the University of South Carolina Aiken, their officers, employees, and agents from any and all liability for injury to me from participation in the Equestrian Program..

Also, I give the University of South Carolina Aiken permission, in case of an accident or injury, to arrange transportation to a medical facility.

I have read and fully understand this release and hereto sign my name this _____ day of _____ 20__.

Participant's Name (please print)

Participant's Signature

Parent or Legal Guardian Signature
(required if participant is under 18)

Emergency Medical Information:

Contact Name: _____

Relationship: _____

Phone Number (s): _____

Health Insurance Company & Policy Number: _____

Will you be taking medication of any type during the activity? If yes, please specify:

Do you have any other physical limitations or medical conditions which should be brought to the attention of anyone dispensing emergency treatment?

This material will be kept confidential and only utilized in case of medical emergency.