



### **EVENT WAIVER AND RELEASE OF LIABILITY**

I, \_\_\_\_\_, in consideration of being permitted access to, and use of, certain athletic facilities, specifically the following checked facility(ies):

- ☐ **Carolina Tennis Center**
- ☐ **Carolina Indoor Tennis Center**

at the University of South Carolina, for the purpose of participating in:

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Purpose of facility usage AND applicable date/time period

do for myself, my heirs, executors, administrators and assigns, hereby waive, release, and forever discharge the University of South Carolina, its trustees, officials, agents and employees, in both their official and unofficial capacities, from any and every claim, demand, action or right of action, of whatever kind or nature which I now have or may hereafter acquire, arising from or by reason of any and all injury, bodily injury, or death, which may occur in connection with access to and use of University of South Carolina athletic facilities, any of the above-designated facility(ies), and participation in the above-named event, whether by negligence or not, to the extent permitted by law.

I understand and acknowledge the risks associated with using University of South Carolina athletic facilities, the above-designated facility(ies), and participating in the above-named event. I further understand and acknowledge that access to and use of University of South Carolina athletic facilities is voluntary and is solely at my own risk, and I assume full responsibility, therefore. I hereby further declare that I am physically sound, healthy and able to participate in athletic activities, to make use of certain University of South Carolina athletic facilities, the above-designated facility(ies), and to participate in the above-named event.

I further state that I have carefully read the foregoing Event Waiver and Release of Liability, that I understand the contents hereof, and that I have executed this Release voluntarily.

\_\_\_\_\_  
Print Participant Name

\_\_\_\_\_  
Date

Are you over 18 years old? YES NO

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

Email: \_\_\_\_\_

**Approved and assigned by:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

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Signature

Print Name