

LIABILITY RELEASE, EMERGENCY MEDICAL AUTHORIZATION AND AGREEMENT

1. I _____, the undersigned student, desire to participate in the following SCDA course or activities at the SC Governor’s School that require/s, the following: SCDancing Festival dance classes. (“the Activities”). These activities may take place at various locations that are not owned or controlled by the Association including but not limited to, the following Conference and Festival venues. I fully understand and appreciate the dangers, hazards, and risks inherent in the Activities and in any additional physical exertion or exercise that I may undertake supplemental to any such Activity. These dangers, hazards, and risks can result in injury and impairment to my body, general health and wellbeing, and could include serious or even fatal injuries, illnesses or medical conditions.
2. Knowing the dangers, hazards, and risks of such endeavors, and in consideration of being permitted to participate in the Activities, 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 Activities, the transportation to and from an Activity, and in any additional physical exertion or exercise or other acts undertaken as supplemental to any such Activities. On behalf of myself and the Releasors I hereby release, waive, forever discharge, and covenant not to sue the State of South Carolina, SC Dance Association/SC Governor’s School, and its trustees, officers, agents, employees and any students acting as employees (“Releasors”), 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 Activities, any act supplemental to an Activity, or for any occurrence while I am in transit to or from the premises where an Activity or supplemental act occurs or is being conducted.
3. I further agree to indemnify and hold harmless the Releases from and against any loss, liability, damage or cost, including court costs and attorney’s fees that the Releases may incur due to my participation in the Activities.
4. It is my expressed intent that this LIABILITY RELEASE, EMERGENCY MEDICAL AUTHORIZATION, AND AGREEMENT (the “Agreement”) 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 Releasors.
5. I understand, agree and hereby grant Releasors permission to authorize emergency medical treatment for me, if necessary, and that such action by Releasors shall be subject to the terms of this Agreement. I understand and agree that Releasors assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.
6. By signing this Agreement, I acknowledge and represent that I have carefully read this Agreement and understand its contents and that I sign this document as my own free act and deed. I further state that I am at least eighteen (18) years of age and fully competent to sign this Agreement or that I will ask my parent or legal guardian to sign the same. I execute this Agreement for full, adequate, and complete consideration fully intending to be bound by the same. I have no health-related conditions, reasons or problems which preclude or restrict my participation in the Activity. I consulted my primary healthcare provider regarding the same and have been approved to participate in the Activities by such provider. I have adequate health insurance necessary to provide for and pay any medical costs that may arise as a result of an injury to me. I recognize that the SC Dance Association/SC Governor’s School is not obligated to provide for any of my medical or medication needs or insurance and that I assume all risk and responsibility for those needs.
7. I further agree that this Agreement shall be construed in accordance with the laws of the State of South Carolina. If any term or provision of this Agreement shall be held illegal, unenforceable, or in 10LA-08-29-13 conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.
8. By signing below I also agree to comply with all regulations regarding conduct and comportment during my participation in the Activities. I understand that the SC Dance Association/SC Governor’s School has the right to enforce such standards of conduct and that I may be dismissed from any or all Activities at any time for failing to abide by such standards.

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: _____

If under 18, this form must ALSO be signed by a parent or legal guardian before student may participate in the Activity.

I AM THE PARENT OR LEGAL GUARDIAN OF THE STUDENT STATED ABOVE AND I AFFIRM THE TRUTH OF EACH REPRESENTATION MADE BY THE MINOR AND ON BEHALF OF THE MINOR AND ALL “RELEASORS,” AS DEFINED IN PARAGRAPH 2 ABOVE, I AGREE TO EACH AND EVERY TERM AND CONDITION OF THIS LIABILITY RELEASE, EMERGENCY MEDICAL AUTHORIZATION AND AGREEMENT.

(Print) Parent or Guardian Signature

Date

Name of Insurance Group

Policy No:

Emergency Contact: _____ phone: _____