

STATE GAMES SOUTH CAROLINA EVENT WAIVER

AMATEUR ATHLETE WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the STATE GAMES SOUTH CAROLINA athletics/sports program, and related events and activities:

1. I certify that I am a parent or guardian of said participant, if the participant is under age 18, and I enter into this Agreement on the participant's and my behalf.
2. I agree that prior to such participation, I will, or, if I am the parent or guardian of a minor participant will instruct such participant that he or she should, inspect the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise my coach (if I am participating as an athlete) or a supervisor of such condition(s) and refuse to participate.
3. I acknowledge and fully understand that I may be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
4. I assume all the foregoing risks and accept personal responsibility for my personal damages following my injury, permanent disability or death. I understand that medical and accident insurance is my sole responsibility and release all persons and entities from providing coverage for me.
5. Intending to be legally bound, I do hereby release, waive, discharge and covenant not to sue the STATE GAMES SOUTH CAROLINA, its affiliated clubs, their respective administrators, officers, directors, agents and other employees and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to me, my heirs and next of kin for any claims, demands, losses or damages on account of injury, including death or damages to property, caused or alleged to be caused in whole or in part by the negligence of any releasee or otherwise in connection with association or participation in and/or arising out of my travel to, participation in and returning from participation in the STATE GAMES SOUTH CAROLINA.
6. In the event that I sustain injury or illness while participating in the STATE GAMES SOUTH CAROLINA, I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately available to do so.
7. I hereby consent to allow my picture and/or voice or likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of the STATE GAMES SOUTH CAROLINA in any manner incidental to my participation in STATE GAMES SOUTH CAROLINA and without compensation to me.
8. I agree to accept the STATE GAMES SOUTH CAROLINA no-refund policy. I understand that no refunds are granted based on the following:
 - a) a registrant's failure to participate due to any reason,
 - b) the cancellation of the event due to weather or other acts of God.

I understand that STATE GAMES SOUTH CAROLINA has the right to modify events based on site conditions and no refunds based on the modifications of events.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

I HAVE READ THIS RELEASE

PARTICIPANT'S SIGNATURE _____ Date _____

PARENT OR GUARDIAN SIGNATURE IF PARTICIPANT IS UNDER AGE 18