CHARLESTON COUNTY PARK & RECREATION COMMISSION

PARTICIPANT'S NAME _____

(PLEASE PRINT FIRST AND LAST NAME IN BOXES)

PHONE _____ **AGE** ____ **DATE OF BIRTH** ____ / ____ / _____ **GENDER** ____

ADDRESS _____

CITY _____ **STATE** ____ **ZIP** _____

E-MAIL ADDRESS _____

Emergency Contact_____**Relationship**_____**Phone(s)**_____

PART I: AGREEMENT TO PARTICIPATE AND HOLD HARMLESS

In agreeing to participate in a Charleston County Park & Recreation Commission (CCPRC) program, course, trip, or activity, I recognize certain risks and dangers exist. These risks include, but are not limited to loss or damage of personal property, injury or fatality due to the inherent risks of the activity and/or the surrounding environment. I understand that I can receive additional information regarding the risks associated with my specific activity by asking relevant CCPRC staff or by visiting www.ccprc.com.

I understand Charleston County Park and Recreation Commission, its staff, other participants, sponsors, and partners shall assume no responsibility or liability for me for accident, illness, injury, or loss or damage of personal property caused either by negligence or risks inherent in the activity. I acknowledge and assume all risks in connection with this activity, and I hold CCPRC, event sponsors and partners, instructors and their agents harmless from any and all liability, action, claims, and damage of every kind to the fullest extent allowed by law under the South Carolina Tort Claims as would be approved by any court of competent jurisdiction reviewing this waiver.

I understand that the CCPRC facility or program I am participating in may have rules and guidelines that must be followed and I agree to do so. I further understand that I can find additional information regarding these rules by asking relevant CCPRC staff or by visiting www.ccprc.com.

I understand that this agreement has no expiration date and remains in effect at all times that I am participating in a CCPRC program/activity/event, until such time that I notify CCPRC in writing or until CCPRC determines expiration of this agreement.

Furthermore, I hereby grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

PART II: MEDICAL INFORMATION

I am aware that my CCPRC program/activity may involve strenuous physical activity and I am aware of my general condition and affirm that I am fit to participate. If I have questions regarding my health and participation, I am responsible for consulting with my health care provider to identify any limitations and communicating that information or other relevant medical conditions to the appropriate CCPRC representative/staff member. For certain activities, I understand that I may be required to provide additional health and/or insurance information.

PART III: AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event I am rendered unable to communicate by an emergency or accident, I authorize and request such medical and surgical services as may be necessary, and agree to accept financial responsibility for same. I further understand that remote locations may result in delayed delivery of emergency services.

My signature on this document is intended to bind my heirs, representatives, executors, or administrators. I further understand that if I am signing below as a Parent/Guardian, that I am accepting all terms on behalf of myself and my minor child, and that all conditions of participation apply for the minor child, and that I have appropriate legal authority to act on behalf of the minor child listed below.

PARTICIPANT'S SIGNATURE_____**DATE**_____

PARENT/GUARDIAN'S SIGNATURE_____**DATE**_____

(Required if participant is under 18 years of age)

ANYONE WITH SEVERE ALLERGIES TO FOOD, PLANTS OR INSECTS MUST INFORM CCPRC STAFF, BRING THEIR OWN MEDICATION, AND BE ABLE TO SELF-ADMINISTER IT

Participant Last Name: First Name:

Revised May 2019