

FURMAN UNIVERSITY
SUMMER CAMP ASSUMPTION OF RISK AND RELEASE AGREEMENT

I, [REDACTED], the undersigned parent or legal guardian of [REDACTED] ("Child"), acknowledge that I am at least 18 years of age, and I agree that I am voluntarily signing this **SUMMER CAMP ASSUMPTION OF RISK AND RELEASE AGREEMENT** ("Agreement") for Child to participate in [REDACTED] (the "Camp") between [REDACTED] and [REDACTED].

[REDACTED] (*initial here*) I acknowledge and agree that Furman University reserves the right in its sole discretion to cancel the Camp at any time for any reason or no reason.

[REDACTED] (*initial here*) I hereby grant permission to Furman University or its agents and emergency responders to arrange or render medical treatment or evacuation or any other medical services ("Medical Care") deemed necessary or appropriate for Child's safety and well-being, if Child should become injured or ill during or in connection with Child's participation in the Camp.

[REDACTED] (*initial here*) I grant Furman University full permission to use, reproduce, edit, display, broadcast, distribute, copyright, and create derivative works of photographs and/or videos of Child either alone or with others (including on the university website or in other electronic form, print, or media) for the purpose of promoting the university and/or the Camp. I understand that Furman University is not required to compensate me for the use of such photographs and/or videos. I release all claims against Furman University and others with respect to the copyright, publication, or use of such photographs and/or videos, including any claim for compensation related to their use, and I waive any right to inspect or approve the photographs and/or videos used.

[REDACTED] (*initial here*) I agree that if any of the provisions of this Agreement become invalid, illegal, or unenforceable in any respect under any law, such provision shall be changed and interpreted to best accomplish the objectives of such provision within the limits of applicable law.

1. Assumption of Risk - General

[REDACTED] (*initial here*) I acknowledge that Child's participation in the Camp is voluntary, and I understand and agree that there are inherent risks associated with (or arising out of or related to) Child's participation in the Camp, including but not limited to:

- Travel to and from the Camp and location(s) visited during the Camp;
- Physical injury, including but not limited to broken bones; sprains; strains; concussion; heat-related injuries; bug bites and/or stings and any injuries, reactions, or complications arising therefrom; allergic reactions, whether resulting from bug bites and/or stings, food consumption, or otherwise; choking; drowning; paralysis and even death;
- Emotional injury; and/or
- Injury to, or theft of, property.

[REDACTED] (*initial here*) I acknowledge and agree that it is not possible to fully list each and every individual risk associated with (or arising out of or related to) the Camp.

[REDACTED] (*initial here*) In consideration of my Child being permitted to participate in the Camp, I voluntarily agree on behalf of myself and Child, to the maximum extent permitted by law, to assume and accept responsibility for all risks associated with (or arising out of or related to) Child's participation in the Camp, including but not limited to those set forth above, and to be solely responsible for any emotional and/or physical injury (including death), loss, or damage that I or Child may sustain as a result of such risks.

2. Assumption of Risk – COVID-19

[REDACTED] (*initial here*) I understand and appreciate that Child's participation in the Camp may increase the risk that Child contracts COVID-19. I acknowledge that while Furman University has implemented safety measures intended to reduce the risk of contracting or spreading COVID-19, I understand that I and Child can never be completely shielded from all risk of illness caused by COVID-19 or any other infectious disease.

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_____(initial here) I acknowledge and agree that I know the possible risks, dangers, and hazards associated with (or arising out of or related to) Child's participation in the Camp during the COVID-19 pandemic, including but not limited to:

- contracting or becoming ill from COVID-19, which could lead to severe illness including in some cases death; and
- exposing other people with whom Child is in close contact to COVID-19, which could lead to severe illness including in some cases death.

_____(initial here) I am aware and acknowledge that based on current guidance from the Centers for Disease Control and Prevention (CDC) available at www.cdc.gov, certain individuals **are or may be at a higher risk** for (i) contracting or becoming ill from COVID-19 and/or (ii) severe illness (including in some cases death). I am aware and acknowledge that public health officials update the foregoing information and conditions as their understanding of COVID-19 continues to evolve. I acknowledge I have had the opportunity to review warnings and recommendations from the CDC, and I understand and agree that I should apprise myself of such updates as they become available.

_____(initial here) I understand and acknowledge that given the unknown nature of COVID-19 and the COVID-19 pandemic, it is not possible to fully list each and every individual risk associated with (or arising out of or related to) COVID-19 and the COVID-19 pandemic.

_____(initial here) In consideration of Child being permitted to participate in the Camp, I voluntarily agree on behalf of myself and Child, to the maximum extent permitted by law, to assume and accept responsibility for all risks associated with (and/or arising out of or related to) COVID-19, the COVID-19 pandemic, and/or any other epidemic, pandemic, or infectious disease, including but not limited to those set forth above, and to be solely responsible for any injury (including death), loss, or damage that I and/or Child may sustain as a result of such risks.

3. Release of Liability

_____(initial here) In consideration of Child being permitted to participate in the Camp, I agree on behalf of myself and Child, to the maximum extent permitted by the law, to release Furman University and its officers, trustees, employees, volunteers, students, and representatives, from and against any present or future claim, expense, action, loss, or liability for injury to person or property (including, but not limited to those brought by Child) that I or Child may suffer, or for which I or Child may be liable or responsible to any other person, during or in connection with Child's participation in the Camp and associated with (or arising out of or related to) my participation in the Camp, irrespective of the cause, including negligence on the part of Furman or its officers, trustees, employees, volunteers, students, or representatives.

_____(initial here) I agree on behalf of myself and Child, to the maximum extent permitted by the law, to release Furman University and its officers, trustees, employees, volunteers, students, and representatives, from and against any present or future claim, expense, action, loss, or liability for injury to person or property that I or Child may suffer, or for which I or Child may be liable or responsible to any other person, during or in connection with Child's participation in the Camp and/or associated with (or arising out of or related to) any financial or other obligations I or Child incur as a result of any Medical Care Child receives during the Camp.

_____(initial here) **I understand that by signing this Agreement, which I am doing voluntarily on behalf of myself and Child, I am relinquishing substantial legal rights, including the right of financial recovery for injury, loss, or damage, whether that injury, loss, or damage results from the inherent and/or enumerated risks of Child's participation in the Camp and/or from the ordinary negligence of another party.**

_____(initial here) **I HAVE CAREFULLY READ THIS CONSENT AND GENERAL RELEASE AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO BIND CHILD, MYSELF, MY HEIRS, EXECUTORS AND REPRESENTATIVES IN THE EVENT OF MY DEATH OR INCAPACITY.**

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Minor Participant's Printed Name

Parent/Legal Guardian's Printed Name

Parent/Legal Guardian's Signature

Date

Emergency Contact Name

Emergency Contact Number

Local Emergency Contact Name (within 4 hours of Greenville, SC)

Local Emergency Contact Number