



Coastal Carolina University
Release of Liability and Covenant Not to Sue

INSTRUCTIONS: This form must be completed by any individual wishing to participate in a University-sponsored Activity, including travel, who is NOT a University student, employee, registered volunteer, or affiliate. Please complete all parts below and return this to the organizer of your activity, along with any required documentation prior to participating.

Name of Requestor: _____

Email Address: _____ Phone Number: _____

Is the Requestor participating in the Activity in the course of their employment with an entity other than CCU? Yes [] * No []

*If yes, name of Employer: _____

*In order to participate in the University-sponsored activity, you must provide a Certificate of Insurance from your employer showing both their general liability and worker's compensation coverages. For additional information, see www.coastal.edu/risk/certificateofinsurance/.

Name/Description of Activity: _____

Organizing Unit at CCU: _____ Activity Leader/Coordinator: _____

Dates and Locations of Activity: _____

(Initial) I affirm that I am voluntarily participating in the activity referenced above and am aware that the known and foreseeable hazards and risks associated with this activity may include illness, personal injury, financial loss, or even death. I fully appreciate, accept and assume all such known and foreseeable risks and all responsibility for any losses, costs, expenses, liabilities, and damages that may arise out of, result from or occur in connection with my participation in the activity, including but not limited to any financial loss, illness, personal injury, paralysis, permanent disability or disfigurement, or loss of life.

(Initial) In consideration for my participation in this activity, I hereby waive, release, and forever discharge and covenant not to sue Coastal Carolina University, its current and former trustees, officers, directors, employees, representatives, agents, affiliated entities, and volunteers (the "University"), from any and all liability and responsibility, whatsoever for any claim of action that I, my estate, heirs, executors, or assigns may have for any personal injury, property damage, financial loss, or wrongful death arising from activities in association with the activity referenced above, whether caused by active or passive negligence of Coastal Carolina University or otherwise, with the exception of gross negligence. By executing this document, I agree to hold Coastal Carolina University harmless for any injury, including paralysis, or permanent disability, or loss of life, which may or arise out of, result from or occur in connection with the activity.

(Initial) I agree to indemnify and hold harmless the University from any and all liability for the injury, death, financial loss, of damage to property that may result from my negligent or intentional act or omission that may arise out of, result from or occur in connection with the activity.

(Initial) This Agreement constitutes the entire agreement, and supersedes any prior or contemporaneous agreements, regarding this matter. Any and all claims arising out of this Activity shall be in the exclusive jurisdiction and venue of Horry County, South Carolina and shall be interpreted and enforced in accordance with the laws of the State of South Carolina, without regard to any conflicts or choice of law principles and shall be as broad and inclusive as permitted by such laws.

I HAVE READ THIS RELEASE OF LIABILITY AND COVENANT NOT TO SUE. I UNDERSTAND IT AND AGREE TO BE BOUND BY IT.

Requestor Signature: _____ Date: _____

Parent/Guardian Signature (if requestor is under 18): _____ Date: _____

Parent/Guardian Printed Name: _____ Date: _____

Internal University Approvals:
Activity Leader/Coordinator: _____ Approves _____ Denies _____ Date: _____
Risk Management: _____ Approves _____ Denies _____ Date: _____