

Clemson University Assumption of Risk and Release from Liability

I am the parent or legal guardian of _____, a member of Scouts BSA/GSA Troop Number _____ from _____ Council (hereinafter PARTICIPANT). I would like my Boy Scout to participate in the Clemson University Scouting University (hereinafter ACTIVITY) sponsored by the Clemson University Alpha Phi Omega service fraternity on April 15, 2023om 7:00 AM until 4:00 PM on the Clemson University campus. This event will include several courses to assist participants in earning merit badges and an opportunity to visit the Clemson University campus. Attached hereto and incorporated herein by this reference is a schedule of events and courses for the day. I understand that some courses will take place indoors and some courses will take place in outdoor locations.

In consideration for the opportunity to participate in this ACTIVITY, I the undersigned, acknowledge, appreciate and agree that:

1. There are inherent risks involved with this ACTIVITY, including but not limited to splinters; sun burns; dehydration; bug bites and stings; animal bites; falling while walking in outdoor areas; falling in creeks; ponds or other bodies of water; getting lost on a large university campus; pedestrian accidents while crossing streets on campus; losing or damaging personal property while on campus; skin and eye irritation or injuries related to chemicals or other materials in chemistry labs etc. and I choose to voluntarily participate in this ACTIVITY with full knowledge that said ACTIVITY may be hazardous to PARTICIPANT and/or PARTICIPANT'S personal property. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by PARTICIPANT.
2. I understand that neither Clemson University nor the members of Alpha Phi Omega will provide individual supervision of PARTICIPANT during the ACTIVITY. Either I will accompany the PARTICIPANT or his Boy Scout troop leaders will provide adults to supervise PARTICIPANT.
3. I have an accident and health insurance policy that will provide coverage for any injury or illness that may occur during PARTICIPANT's participation in this ACTIVITY. I understand that I am responsible for any and all costs relating to medical treatment or care of injuries or illness that PARTICIPANT may suffer as a result of, or while participating in, the ACTIVITY.
4. I understand that parts of this ACTIVITY may be physically strenuous and I know of no medical reason why PARTICIPANT should not participate.
5. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees, members of Alpha Phi Omega, volunteers and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during PARTICIPANT'S participation in this ACTIVITY, whether caused by negligence of the UNIVERSITY, its Board of Trustees, officers, agents, employees, members of Alpha Phi Omega, volunteers or representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of the negligent or intentional act or omission of the boy scout identified above while participating in this ACTIVITY.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

I, (printed name) _____, am the parent or legal guardian of the PARTICIPANT. I have read and I understand the Provisions of this document, I consent to the PARTICIPANT taking part in the ACTIVITY described above, and I fully enter into and agree to the above Assumption of Risk and Release from Liability.

_____ Date Signed

SIGNATURE OF PARENT OR LEGAL
GUARDIAN