

**RELEASE of LIABILITY
and
ASSUMPTION of RISK AGREEMENT**

I voluntarily sign this Release of Liability and Assumption of Risk Agreement in favor of Medical University of South Carolina (“MUSC”) in consideration for the opportunity to use MUSC’s facility located at _____ (the “Facility”). I further agree to abide by all MUSC policies and safety procedures, in use of the Facility.

In consideration of the use of the Facility to host an event, I hereby waive and release MUSC, its owners, agents and employees from any and all liability and/or claim for personal injury, property damage, or death that may arise from my use of the Facility regardless of cause, even if such cause can be associated in any way by the acts or failures to act of the MUSC, their trustees, officers, employees, volunteers and agents in the installation, adjustment, inspection, maintenance and/or rental of the facility, or from my proper or improper use of this facility.

By signing below, I accept total responsibility for any and all injuries or damages of any kind which may result from any reason in the use of the Facility and hereby waive, release and HOLD HARMLESS the MUSC for any injury sustained by my and anyone else, regardless of cause, while using the above-described Facility.

I understand and acknowledge that this Release of Liability and Assumption of Risk Agreement shall be construed in accordance with the laws of the State of South Carolina.

I acknowledge that I have carefully read this Release of Liability and Assumption of Risk Agreement and understand its contents. I am aware that by signing this release, I am relinquishing any right to sue and the right to receive any compensation or damages should I suffer any and all injuries or property damage as a result of my use of the Facility, whether my use is proper or improper and regardless of the cause of any and all injuries or damages. This waiver shall bind me as well as members of my family, my heirs and assigns and shall serve as a covenant not to sue MUSC.

Signature

Date

Please Print Name

APPROVED: _____
Program Administrator

Date