

## **MUSC Harper Student Center Waiver and Release of Liability**

1. In consideration of my obtaining membership or guest privileges and being allowed to use the facilities and equipment of MUSC Harper Student Center (HSC). I waive any right I may have in the future to make a claim against (HSC), its managers, employees, instructors, or agents, resulting from ordinary negligence on the part of (HSC) and those listed. This waiver extends to any type of personal injury I might sustain in my use of the facilities of (HSC) and any theft of personal property of mine lost on the premises. This Agreement shall operate as a release of any liability of (HSC) and those listed for any claim that may develop arising out of ordinary negligence in the operation of (HSC).
2. I understand that strength, flexibility, sports and aerobic exercise, including the use of equipment involves risk of injury. I am voluntarily participating in these activities and using the equipment with knowledge of the dangers involved. I assume the risk of injury that might happen to me by using the facilities and participating in the programs of (HSC).
3. I represent to (HSC) that I am physically fit to participate in the activities and programs of the Center and that I will not extend myself beyond my abilities, or if I do so, it will be at my own risk.
4. I have been informed that I should consult with a physician concerning my participating in physical activity and obtain from a physician, advice as to how I should participate in relationship to my state of physical condition. I have also been informed that I should periodically update my state of physical condition with a physician. I either have obtained such advice from a physician or acknowledge that I have decided to participate in physical activities without obtaining the advice of a physician.
5. I understand that the Wavier and Release of Liability above stated is broad terms. If portion of this Waiver and Release of Liability is held invalid, the remainder will continue in effect.
6. I have read this Waiver and Release of Liability and understand the rights I am giving up by signing it.

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Signature of Participant or Parent