Exhibit C

COLLEGE OF CHARLESTON
LIABILITY RELEASE, EMERGENCY MEDICAL AUTHORIZATION
AND AGREEMENT
(Summer Housing)

1. I ______________________, the undersigned program participant, desire to participate in the following program ______________________ (“Program”), which will include overnight housing in a College of Charleston Residence Hall. I fully understand and appreciate the dangers, hazards, and risks inherent in the Program, in the transportation to and from the Program, and in any other endeavors I may undertake supplemental to the Program. These dangers, hazards, and risks can result in injury and impairment to my body, general health and well-being, and could include serious or even fatal injuries. I also understand that these dangers, hazards, and risk could include loss or damage to my personal property.

2. Knowing the dangers, hazards, and risks of such endeavors, and in consideration of being permitted to participate in the Program, on behalf of myself, my family, spouse, heirs, and personal representative(s) (the “Releasors”), I agree to assume all the risks and responsibilities surrounding my participation in the Program, the transportation to and from the Program, and in any other acts undertaken as supplemental to the Program, and on behalf of myself and the Releasors I hereby release, waive, forever discharge, and covenant not to sue the State of South Carolina, the College of Charleston, and its trustees, officers, agents, employees and any students acting as employees (“Releasees” or “College”), for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me or a Releasor, arising out of or related to the Program, to my occupancy in a College of Charleston Residence Hall, any act supplemental to the Program, or for any occurrence while I am in transit to or from the premises where the Program or act supplemental to the Program is being conducted.

3. I further agree to indemnify and hold harmless the Releasees from and against any loss, liability, damage or cost, including court costs and attorneys’ fees, that the Releasees may incur arising from my participation in the Program.

4. In case of damage of any kind to the Residence Hall or other property of the College arising out of any act or omission of the Releasor, the Releasor shall pay such amounts as shall be necessary to put the said Residence Hall or other property, as the case may be, in as good an order and condition as the same were at the commencement of the this Agreement.

5. I acknowledge and agree that as a participant in Program, I am expected to maintain very high standards of conduct and to follow the rules and guidelines as outlined in the 2013-2014 Guide to Residential Living and all other applicable rules, policies, and laws (including state laws). By signing this LIABILITY RELEASE, EMERGENCY MEDICAL AUTHORIZATION, AND AGREEMENT (the “Agreement”), I acknowledge that I have carefully reviewed the Residence Life and Housing information and Policies from A-Z Manual and agree to be bound by the same. I agree to comply with the Residence Life and Housing information and Policies from A-Z Manual and all other College regulations regarding conduct, comportment, health, and safety. I understand that failure to abide by the College rules or guidelines can result in my immediate dismissal from the program. I further understand that if any action shall, in the reasonable judgment of the College, be in any way contrary to law or adverse to the objectives or the polices of the College, or otherwise improper or detrimental to the reputation of the College, the College without notice shall have the right, at its option, to dismiss the program participant. In the event of such dismissal, I shall forfeit all my fees and other payments to the College that are associated with the Program and I shall be responsible for the payment of my transportation expenses to return to Charleston, South Carolina.

6. It is my expressed intent that this this Agreement shall bind me, the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed a legally binding release, waiver, discharge and covenant not to sue the Releasees.

7. I understand, agree and hereby grant Releasees permission to authorize emergency medical treatment for me, if necessary, during the conduct of the Program and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

8. By signing this Agreement, I acknowledge and represent that I have carefully read this Agreement and understand its contents and that I sign this document as my own free act and deed. I further state that I am at least eighteen (18) years of age and fully competent to sign this Agreement or that I will ask my parent or legal guardian to sign the same. I execute this Agreement for full, adequate, and complete consideration fully intending to be bound by the same. I have no health-related reasons or problems which preclude or restrict my participation in the Program, and I have adequate health insurance necessary to provide for and pay any medical costs.
costs that may arise as a result of an injury to me. I recognize that the College of Charleston (“College”) is not obligated to provide for any of my medical or medication needs or insurance and that I assume all risk and responsibility for those needs. If I am a driver and will be driving a vehicle (other than a College vehicle) during the period first stated above, I certify that I will, during such period, personally carry automobile liability insurance that includes medical payments coverage.

9. I further agree that this Agreement shall be construed in accordance with the laws of the State of South Carolina. If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

THIS IS A LEGAL AGREEMENT AND INCLUDES A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Signature: _______________________________ Date: __________________

Print Name of Student: ________________________________

Name of Insurance Group: ________________________________

Policy No: ________________________________ Phone: ________________________________

Emergency Contact: ________________________________

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If under 18, this form must ALSO be signed by a parent or legal guardian before student may participate in the Program.

I AM THE PARENT OR LEGAL GUARDIAN OF THE STUDENT STATED ABOVE AND I AFFIRM THE TRUTH OF EACH REPRESENTATION MADE BY THE STUDENT AND ON BEHALF OF THE STUDENT AND ALL “RELEASORS,” AS DEFINED IN PARAGRAPH 2 ABOVE, I AGREE TO EACH AND EVERY TERM AND CONDITION OF THIS LIABILITY RELEASE, EMERGENCY MEDICAL AUTHORIZATION AND AGREEMENT.

(Print) Parent or Guardian ________________________________ Signature ________________________________

Date ________________________________

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