COLLEGE OF CHARLESTON SUMMER ACADEMY
LIABILITY RELEASE, MEDICAL AUTHORIZATION, AND PARTICIPATION AGREEMENT

Child’s Name: ____________________________ Activity Name_______________________________

Activity Dates: __________________________

<table>
<thead>
<tr>
<th>Emergency Information</th>
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<tbody>
<tr>
<td>Contact Name: __________ Contact Relationship: __________________</td>
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<tr>
<td>Contact Phone: ______________ Second Contact Phone: __________________</td>
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Please list any special medical concerns:
____________________________________________________________________________________

Emergency preferred doctor:
____________________________________________________________________________________

Release, Emergency Medical Authorization, & Participation Agreement

I, ______________________ (print full name of parent or legal guardian) understand that the participation of my child, ______________________ (print full name of minor) (hereinafter “Minor”) in the Summer Academy to be hosted by the College of Charleston, on the campus of the College in Charleston, South Carolina, on June 9 and June 10, 2016. The Summer Academy is an academic activity of classroom instruction that is being held by and through the Junior Girls Day Out Community Project (the “Activity”). In consideration of my child’s participation in such a program, I hereby understand, acknowledge and agree to the following terms and conditions:

1. I am the legal parent or guardian of the minor participant named above.

2. I fully understand and appreciate the dangers, hazards, and risks inherent in the Activity, in the transportation to and from the Activity, and in any other endeavors the Minor may undertake supplemental to the Activity. These dangers, hazards, and risks can result in injury and impairment to my body, general health and wellbeing, and could include serious or even fatal injuries. I also understand that these dangers, hazards, and risk could include loss or damage to personal property.

3. Knowing the dangers, hazards, and risks of such endeavors, and in consideration of being permitted to participate in the Activity, on behalf of myself, my family, spouse, heirs, and personal representative(s) (the “Releasors”), I agree to assume all the risks and responsibilities surrounding the Minor’s participation in the Activity, the transportation to and from the Activity, in Minor’s overnight stay (if any), and in any or other acts undertaken as supplemental to the Activity, 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 Activity or any act supplemental to the Activity, or for any occurrence while I am in transit to or from the premises where the Activity or act supplemental to the Activity is being conducted.

4. 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 Activity.

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

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 the Minor, if necessary, during the conduct of the Activity 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. I execute this Agreement for full, adequate, and complete consideration fully intending to be bound by the same. The Minor has no health-related reasons or problems which preclude or restrict his/her participation in the Activity, and I have adequate health insurance necessary to provide for and pay any medical costs that may arise as a result of an injury to the Minor. 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.

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.

Print Name of Minor:__________________________________________________________

I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR STATED ABOVE AND I AFFIRM THE TRUTH OF EACH REPRESENTATION AND ON BEHALF OF THE MINOR AND ALL “RELEASEES,” AS DEFINED 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 ___________________________

Name of Insurance Group________________________________________________________

Policy No: ____________________________________________________________

Emergency Contact: ___________________________________ Phone: __________________________

OLA 5.27.16