



**LOURIE
CENTER**

**STATE OF SOUTH CAROLINA, COUNTY OF RICHLAND
WAIVER OF LIABILITY, RELEASE, COVENANT NOT TO SUE; HOLD
HARMLESS AND INDEMNIFICATION AGREEMENT**

For and in consideration of my participation in one or more programs or use of the facilities and equipment at the Sen. Isadore E. Lourie Center (Lourie Center), the receipt and sufficiency of which is hereby acknowledged, I, the undersigned, in full recognition and understanding of the dangers and the risks inherent in participating in such programs or using such facilities and equipment by myself or others, do hereby for myself, my family members, heirs, assigns, and personal representatives, agree to and do hereby fully release, discharge, and forever hold harmless, covenant not to sue and indemnify the Sen. Isadore E. Lourie Center (Lourie Center), its Board of Directors, agents, and employees from and against any lawsuits, claims, demands, liabilities, costs, attorney fees and expenses or damages to my property or person of any nature whatsoever, including but not limited to personal illness, injury, or death, which in any way result from or arise out of my participation in the programs or use of such facilities and equipment.

I am fully aware of the risks and hazards connected with my participation in the programs or use of the facilities and equipment, and I hereby elect to participate and/or make use thereof. I further declare that I am physically fit and fully capable of participating in the programs or using the facilities or equipment.

I agree to fully adhere to all rules and regulations of the Sen. Isadore E. Lourie Center (Lourie Center) while participating in the programs or making use of the facilities or equipment. I recognize that rules and regulations may be modified in response to external events that affect the Lourie Center and will abide by all changes accordingly. I agree that the Board of Directors or its agent, in its sole discretion, may revoke my membership in the Sen. Isadore E. Lourie Center (Lourie Center) for my failure to abide by any rule or regulation. I understand that membership dues will not be refunded, in whole or in part, if my membership is revoked.

In case of accident or injury I give the Sen. Isadore E. Lourie Center (Lourie Center) agents, and employees permission to administer first aid, if it can be accomplished safely, or arrange for transportation to a medical facility. The Sen. Isadore E. Lourie Center (Lourie Center) or its agents and employees are authorized to arrange for any necessary emergency treatment that I may need during my participation in the programs or while using the facilities and equipment. I agree to be responsible for all costs associated with such services.

I recognize that by signing this document, I am giving up, among other things, my right to sue the Sen. Isadore E. Lourie Center, its Board of Directors, its agents and employees for injuries, damages, or losses that occur as a result of my participation in the programs or use of the facilities and equipment. It is my express intent that this document binds the members of my family, my heirs, and personal representatives and assigns, as well as myself.

By signing this document, I acknowledge that: (1) I have read this document in its entirety, I understand it, and I sign it voluntarily as my own free act and deed; (2) no oral representations, statements, or inducements apart from the foregoing written agreement, have been made to me; (3) I am at least eighteen years of age and fully competent; (4) I execute this document for full, adequate, and complete consideration fully intending to be bound by the same.

Participant's Name (PRINT) : _____

Participant's Signature: _____

Date: _____