University of South Carolina – Office of Campus Recreation
Intramural Sports Program – Waiver of Liability and Release

**Under 18 participant – Must be signed by legal guardian before playing***

In consideration of my child receiving permission to participate in one or more intramural sports activities offered by the University of South Carolina’s Office of Campus Recreation:

I, in full recognition and appreciation of the dangers and risks inherent in such activities, hereby release, waive, and discharge the University of South Carolina, its Board of Trustees, officers, servants, agents, or employees (hereinafter “the University”) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to my child, either while participating in any of the intramural sports activities offered by the University of South Carolina’s Office of Campus Recreation, or while in transit to or from any of the intramural sports activities.

I acknowledge that my child’s participation in the referenced activities is voluntary. I understand and acknowledge that the activities may be hazardous, that my child’s participation is at his or her own risk, and that I assume full responsibility for any resulting injuries or damages. I declare that my child is physically fit and capable to participate in such activities. I further agree to indemnify and hold the University harmless from any loss, liability, damage or costs, including court costs and attorney’s fees, it incurs arising out of my child’s participation in these activities.

This Waiver of Liability and Release shall be governed by the laws of the State of South Carolina. I agree that in the event any provision of this Waiver of Liability and Release is held to be unenforceable, then the balance of the Waiver of Liability and Release shall survive.

I recognize that this Waiver of Liability and Release means I am giving up, among other things, the right to sue the University on my behalf or my child’s behalf for injuries, damages and losses I may incur as a result of my participation in the referenced activities. I understand that this Waiver of Liability also binds my child’s heirs, executors, personal representatives, administrators and assigns.

I further consent to my child being the subject of photographs and/or video recordings taken by the University, and authorize the University to exhibit the photographs and/or video recordings as still photographs, video or other similar media either on the Internet or otherwise. I release the University, as well as any assignees, from any and all claims of damages for invasion of privacy or any other claim based on use of the above-described materials.

CONSENT/RELEASE AND WAIVER

As the Participant or legal representative of the Participant, I hereby give my consent to Palmetto Health and the University of South Carolina to provide sports medicine services to the Participant as part of his/her activity or receipt of services in the Athletic Training Clinic. Palmetto Health’s services may include, but may not be limited to the following: screenings, physical exams, and athletic trainer services. I grant permission to Palmetto Health’s or University’s employees or contractors to provide such services to Participant as deemed necessary by Palmetto Health or University for any athletic injury prevention or treatment. I further grant permission for Palmetto Health or University employees or contractors to treat Participant for any injury or condition that arises out of Participant’s activity or receipt of services in the Athletic Training Clinic.

I understand that all Palmetto Health’s or University’s employees or contractors providing services at the above named program are not necessarily physicians, medical doctors, or nurses. I understand that the services provided by Palmetto Health or University relate to sports medicine services, and are not intended to be a complete medical examination.

I Hereby Fully Release Palmetto Health, the University of South Carolina, And All Of Palmetto Health’s, And the University of South Carolina’s Employees or Contractors, From Any And All Liability Associated With The Care, Treatment, Examination Or Other Healthcare Services Provided to Participant As Part Of Participant’s Participation, Activity, or Receipt of Services In The Athletic Training Clinic.

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

I authorize Palmetto Health to use or disclose Protected Health Information to the following:

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The University of South Carolina and any individual involved to the operation of the Athletic Training Clinic, including without limitation athletic trainers, coaches, referees, and Campus Recreation director, employees of Student Health Services (as needed for follow-up treatment), and employees of Palmetto Health and/or Palmetto Health-USC Medical Group (as needed for follow-up treatment).

I authorize Palmetto Health and/or Palmetto Health-USC Medical Group to use or disclose Protected Health information for the following purpose(s):

To inform the above named individuals of sports injuries and related injuries sustained by the participant.

Type of information requested:

Verbal or written protected health information related to sports injuries and related injuries.

I UNDERSTAND THAT:

1. The Protected Health Information used or disclosed under this authorization may be subject to redisclosure by the receiver and no longer protected by the Standard for Privacy of Individually Identifiable Health Information.
2. I understand that treatment, payment, enrollment in a health plan or eligibility for benefits may not be conditioned on whether I sign this authorization.
3. If I have any questions about the disclosure of my Protected Health Information, I can contact the Release of Information staff or Health Information Management Services at Palmetto Health at (803-296-5861).
4. I understand that I may revoke this authorization in writing except to the extent that Palmetto Health have previously used or disclosed the Protected Health Information in reliance on this authorization. To revoke this authorization, I understand that I must deliver a signed written statement clearly stating that I revoke this authorization to Health Information Management Services, Palmetto Health, Taylor Street at Marion, Columbia, SC 29201.

Student’s Name ___________________________ VIP ID # ___________________________ USC ID # ___________________________ E-mail address ___________________________

Local Address ___________________________ City, State ___________________________ Zip ___________________________ Phone Number ___________________________

Signature of Parent / Legal Guardian ___________________________ Name of Parent/Legal Guardian ___________________________ Relationship to Student ___________________________ Date ___________________________

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