## Off-Campus / Field Trip Waiver

### Program:

### Dates:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please read the following information before signing:*

I acknowledge that my Child’s participation in field trips is solely on my own initiative, risk and responsibility. And I give permission for my child being allowed to ride in the vehicle owned or rented through the University of South Carolina in conjunction with my and my child’s participation in the field trips listed above:

Further, in consideration for my Child being permitted to participate in the FIELD TRIPS DESCRIBED ABOVE, I, on behalf of my Child, and as the natural parent and/or as the legally authorized guardian, do hereby for my Child, myself, my family, heirs, personal representatives, and assigns, agree to, and hereby do, release, waive, discharge, hold harmless and indemnify, and forever defend the State of South Carolina, the University of South Carolina, the members of its Board of Trustees, individually and collectively, its officers, employees, servants, agents, representatives directors, students, volunteers, and anyone acting on behalf of the University of South Carolina, from any and all liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorney’s fees, as may be sustained by my Child or me, or any person or entity acting on my or my Child’s behalf, arising out of, or in any way associated with, my Child’s participation in the FIELD TRIPS DESCRIBED ABOVE.

I warrant I am the parent or authorized legal Guardian of the Participant in the Field trips described above, and I warrant that I am 18 years of age or older. I have carefully reviewed and I agree to the terms of this entire document.

Participant Signature: ___________________________ Date: ________________

Parent/Guardian Signature (required): ___________________________ Date: ________________

---

**NOTE:** This is an example form provided by Risk Management. You must modify it to reflect your specific program and activities. The legal language has been approved by General Counsel and should not be altered.