

Parking Voluntary Release, Waiver, & Assumption of Risk

When you are performing student functions on the Roper Hospital Campus, students will be allowed to park in the Roper Hospital 4th Street Parking lot, free of charge, during the 2020 school year. Due to the flood risk in the parking lot, please review and, if you agree, sign the release, waiver, & assumption of risk.

I _____ understand that, during high tide, the 4th Street Parking Lot is subject to flooding. I understand that if I leave my car in the lot during high tide, it may sustain water damage. I affirm that I have been directed to park, at my own cost, in the Roper St. Francis Parking Garages for visitors and patients during inclement weather and high-tide events. By signing this release, I certify that, if I utilize the 4th Street Parking Lot, I am fully aware of and expressly assume these flooding and all other risks involved in parking in the 4th Street Lot.

I understand and agree that Roper St. Francis Healthcare, its affiliates, subsidiaries, owners, officers, employees, agents, or assigns of the above listed individuals and/or entities (hereinafter "Released Parties") may not be held liable or responsible in any way for any occurrence for parking in the 4th Street Lot or other Roper parking facilities which may result in personal injury, property damage, wrongful death, or other damage to me or my family, heirs, or assigns that may occur as a result of my utilizing the Roper Hospital parking facilities.

I further state that I am over the age of 18 and legally competent to sign this liability release, or, if under age 18, that I have obtained the written consent of my parent/guardian below.

I _____, BY THIS INSTRUMENT, DO HEREBY EXEMPT AND RELEASE ALL THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS from all liability and responsibility for personal injury, property damage or wrongful death, however caused. I acknowledge that I have read the foregoing paragraphs, fully understand the potential dangers incidental to utilizing the parking facilities, am fully aware of the legal consequences of signing this instrument, and that I understand and agree that this document is legally binding and will preclude me from recovering monetary damages from the above listed entities and/or individuals, whether specifically named or not, for personal injury, property damage or wrongful death caused by product liability or the negligence of the released parties, whether passive or active.

Printed Name: _____

Participant's Signature

Date

Signature of Parent or Guardian (where applicable)

Date