

**State of South Carolina**

**MOVE Release**

**County of Lancaster**

WHEREAS participation in the MOVE program at the University of South Carolina Lancaster (USCL) is offered as a privilege to USC Lancaster students, faculty and staff.

AND WHEREAS, the undersigned realizes that participation in this program is a privilege and not a right and that the University of South Carolina Lancaster cannot offer to the participants opportunities such as this program if it must be financially responsible for injuries which participants might suffer.

NOW, THEREFORE IN CONSIDERATION OF the privilege of program participation, I hereby agree for myself, my parents, relatives, all minor persons included in my family for whom I am parent or legal guardian, executors, administrators and any other persons, to release, waive, and discharge any right to institute a lawsuit against the University; its facilities, officers, agents or employees for bodily injury, damage to my property or wrongful death that might arise out of participation in this program whether caused by negligence, gross or otherwise.

I acknowledge that I have read the foregoing paragraphs and in addition have read the rules and regulations of the University of South Carolina at Lancaster Gregory Health and Wellness Center and am fully aware of the legal consequences of signing this instrument. Furthermore, I do not have any health problems that might be adversely affected by participation in this activity.

**WITNESS:**

**PARTICIPANT:**

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DATE:\_\_\_\_\_

DATE:\_\_\_\_\_