

South Carolina Wildlife Federation
CONTRACT, WAIVER, RELEASE AND INDEMNIFICATION

I, as a participant, certify that I am fully capable of participating in this course. I, as a participant, assume full responsibility for myself, for bodily injury, death and loss of personal property and any expenses as a result of my negligence, negligence of volunteer instructors, or the negligence of the South Carolina Wildlife Federation (SCWF). I also understand that the SCWF reserves the right to refuse any person it deems to be incapable of meeting the rigors and requirements of participating in any activity. I am capable, in good physical condition, and able to undertake this activity.

I agree to indemnify and hold harmless the SCWF, their agents, volunteers, and their employees from all claims, damages, losses, injuries and expenses arising out of or resulting from participation in these activities. I further agree to release, acquit and covenant not to sue the SCWF, their agents and employees for all actions, causes of action, claims or damages, damages in law or remedies in equity or whatever kind, including the negligence of SCWF or my classmates, or myself, against SCWF arising out of participation in this program or activities. In short, I cannot sue SCWF and if I do, I cannot collect any money.

I agree to the site of any lawsuit and the law governing any such lawsuit shall be South Carolina and governed by South Carolina law. The terms of this agreement shall continue and be in effect after the activity/event has ended. This document and any injuries will be decided under the international and national laws of admiralty.

As liquidated damages, I hereby agree that if SCWF is forced to defend any action, lawsuit or litigation by myself, my classmate(s), my executors, my executors and I agree to pay SCWF's costs and attorney fees if they successfully defend such action, lawsuit, or litigation.

I authorize and release to the SCWF the use of my image in any photograph or video recording for any purpose of the SCWF and waive payment or any future profits that might result from such.

I have adequate health, disability, and life insurance for myself.

I hereby give permission for transportation to any medical facility or hospital and I authorize for any qualified guide or medical personnel to render necessary emergency medical care for myself.

I have read, understand, and acknowledge the risks and liability for myself. Electric signature required at checkout.