

**COLLEGE OF CHARLESTON**

I am the parent/ legal guardian of the Student. I hereby authorize the College of Charleston, acting through its Program Director or other College representative of legal age, to secure for my Student any necessary emergency medical treatment that the College may reasonably consider necessary under the circumstances. The College, however is not obligated to take action and may await my direction before seeking medical intervention for my Student, as the College may believe appropriate under the circumstances.

I agree and acknowledge that in all circumstances when such treatment is provided, I shall be solely responsible for the cost of my Student's treatment and care and I agree to reimburse the College for any expense that it may incur on account of my Student's injury or illness, including, but not limited to, treatment, transportation or stay in a medical facility. I understand and agree that the college assumes no responsibility for any injury or damage which may arise out of or in connection with the provision of medical treatment authorized under this release and all of the related decisions and judgements of the College.

9. It is my expressed intent that this Agreement shall bind me, the members of my family and spouse, if I am alive, and my estate, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed a legally binding release, waiver, discharge and covenant not to sue the Releases.

10. I further agree that this Agreement shall be construed in accordance with the laws of the State of South Carolina. If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

**THIS IS A LEGAL AGREEMENT AND INCLUDES A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING. (I AM 18 YEARS OF AGE OR OLDER, AND HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND WAIVER.)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Student/Childs Name: \_\_\_\_\_

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and sign this release, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the College, its employees, agents, and assigns, from any and all liabilities incident to my minor child's involvement or participation in these activities and programs as provided above.

\_\_\_\_\_  
(Print Parent/Guardian Name)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
Date

**Insurance/ Emergency Contact Information:**

Name of Insurance Group: \_\_\_\_\_

Policy No: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent /Guardian/Emergency Contact 1**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

**Parent/Guardian/Emergency Contact 2**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_