

PALMETTO HEALTH 2012 ZUMBATHON®
GENERAL CONSENT AND RELEASE FROM LIABILITY

Please read this form carefully and be aware that when registering for Zumbathon® you will be waiving and releasing Palmetto Health from all claims for injuries you might sustain from participating in the Zumbathon® on February 4, 2012, 8:30-11:30 a.m., at the Carolina Coliseum.

I recognize and acknowledge that there are certain risks of physical injury when participating in Zumba® and I agree to assume the full risk of any injuries, including death, damages or loss of bodily function, regardless of severity, which I may sustain as a result of participating in any and all activities connected with or associated with Zumbathon®.

I have notified my physician and have been approved to participate in this event. I am physically able to complete this task and have no known medical conditions which would prevent me from participating in this program.

I agree to waive and relinquish all claims I may have against Palmetto Health, the Board Members, employees, volunteers, agents and physicians, and the University of South Carolina, the Board Members, employees, volunteers, and agents, and the Boys & Girls Clubs of the Midlands, the Board Members, employees, volunteers, and agents, as a result of participating in Zumba® or the Zumbathon®.

I do hereby fully release and discharge Palmetto Health, the Board Members, employees, volunteers, agents and physicians, and the University of South Carolina, the Board Members, employees, volunteers, and agents, and the Boys & Girls Clubs of the Midlands, the Board Members, employees, volunteers, and agents from any and all claims from injuries, including death, damage or loss which I may have or which may occur arising out of, connected with, or in any way associated with the activities of Zumba® or the Zumbathon®.

I further agree to indemnify and hold harmless and defend Palmetto Health, the Board Members, employees, volunteers, agents and physicians, and the University of South Carolina, the Board Members, employees, volunteers, and agents, and the Boys & Girls Clubs of the Midlands, the Board Members, employees, volunteers, and agents from any and all claims resulting from injuries including death, damage and losses sustained by me and arising out of, connected with or in any way associated with the activities of the Zumbathon®.

Photographs and Video Consent

I hereby consent to and authorize the use and reproduction, in print or electronic format, by Palmetto Health and its beneficiary agencies, to use photographs or video of me which have been taken for promotional and educational uses, without compensation. I agree that Palmetto Health may use such photographs of me with or without my name for any lawful purpose including, but not limited to: publicity, illustration, advertising and Web content.

Waiver and Release

I understand, hereby acknowledge that I have read the waiver and release form and hereby agree to be bound by the terms of this waiver and release form.

Name: _____
(Please Print)

Address: _____

E-mail: _____

Phone Number: _____

Signature: _____

Date: _____