

**2019 Women's Outdoor Retreat
CONTRACT, WAIVER, RELEASE AND INDEMNIFICATION**

I, as a participant, certify that I am fully capable of participating in this retreat. I, as a participant, assume full responsibility for myself and my family, including minor children, for bodily injury, death and loss of personal property and any expenses as a result of my negligence, negligence of my family, 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. My family and I are 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 passengers, my family, or myself, or my heirs, 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 passenger(s), my executors, or my heirs, or my family's on my behalf, my heirs or 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 my family, and 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 my family or myself.

I, _____, of my own free will, for my family, my minor children, my heirs and executors and myself, have read, understand, and acknowledge the risks and liability for myself, and my family this 27th day of September, 2019.

A copy of this release can be used as if it was an original.

My family and I do not have any medical condition that would prevent our participation in this activity except

_____.

Participant Signature Phone

Address Email

In case of emergency please contact _____ Phone _____

I CARRY MEDICAL INSURANCE. ____ Yes ____ No

Provider _____ Number _____

For Participants Under the Age of 18

I, as a parent or guardian of this participant in addition to agreeing to the terms above for my family, and myself agree to assume claims and damages, costs and attorney fees for any action, lawsuit, or litigation brought by this participant.

Parent or Guardian Signature Printed Name

Phone _____ Date _____