As a volunteer with Horry-Georgetown Technical College, you are not covered under the State Workers Compensation Act. As a result, if you are injured while serving as a volunteer, you cannot be compensated or reimbursed for medical expenses incurred through this voluntary role. You may wish to consider securing adequate health and accident insurance to cover yourself while performing your duties as a volunteer with the College.

I agree that I will serve as a Volunteer with Horry-Georgetown Technical College without monetary compensation. In addition, I agree to now and forever waive, release, hold harmless, defend, indemnify, and discharge Horry-Georgetown Technical College, its volunteers, employees, servants, agents, officers, board members, and affiliated members from any and all claims, injuries, causes, actions, liability, demands, losses, legal or equitable, of any kind whatsoever. This includes any loss or damage to property, injury, illness, disease, loss of services, medical bills, charges, or otherwise, including death, which may arise out of or in any way be related to me or my child’s participation in this voluntary role occurring inside, on, outside, or off of College property, during transportation to or from participation in this voluntary role, or related activities and for the duration of said activities and transportation, and whether known or unknown, foreseen or unforeseen, including all legal, attorney’s, court costs and fees.

I recognize that at any time I may be made aware of private information. I understand that any and all information that I obtain, see, observe, hear or become aware of by any means is considered confidential. I further understand that the unauthorized release of such information, whether to parties internal or external to the College, is strictly prohibited.

In signing this assumption of risks, waiver and full release of liability, I acknowledge and warrant that I am the participant or am the parent or legal guardian of the identified minor participant; that I have carefully read this document; that I understand its terms, and that I sign it freely and voluntarily.

I have read and understand this important legal document.

Printed Name of Participant

________________________________________________

Signature of Participant (or Parent/Legal Guardian if Minor) Date

________________________________________________

Emergency Contact Name Emergency Contact Number

________________________________________________

Emergency Contact Name Emergency Contact Number