



**GIRL SCOUT AND BOY SCOUT PROJECTS  
LIABILITY WAIVER AND RELEASE**

**If the volunteer is less than 18 years old, ONLY the parent or legal guardian may complete this form. The child will not be allowed to participate if his/her/their legal guardian has not signed this waiver.**

I, the undersigned, in full recognition and appreciation of the dangers and risks inherent in such activities, each hereby release, waive, and discharge Winthrop University, its Board of Trustees, officers, servants, agents, or employees (hereinafter "the University") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by any of the undersigned, or to any property that belongs to any of the undersigned, either while participating in any Boy Scout or Girl Scout projects while on the Winthrop University campus, while in transit to or from the campus, or in any place or places reasonably connected with the campus.

I, the undersigned also acknowledge that my and/or my child's participation in Boy Scout and Girl Scout projects is voluntary. The undersigned understand and acknowledge that the activities may be hazardous, that their participation is solely at their own risk. I assume full responsibility for any resulting injuries or damages to myself, my child/ward, or my property. I also agree to indemnify and hold the University harmless from any loss, liability, damage or costs, including court costs and attorney's fees, the University incurs that arises out of their participation in Boy Scout and Girl Scout projects while on campus.

This Waiver of Liability and Release shall be governed by the laws of the State of South Carolina. The undersigned agree that in the event any provision of this Waiver of Liability and Release is held to be unenforceable, then the balance of the Waiver of Liability and Release shall survive. I, the undersigned recognize that this Waiver of Liability and Release means I am giving up, among other things, the right to sue the University for injuries, damages and losses they may incur as a result of my or my child's/ward's participation in the referenced activities. The undersigned also understand that this Waiver of Liability binds each of the undersigned's respective heirs, executors, personal representatives, administrators and assigns, as well as themselves.

In signing this Waiver of Liability and Release, the adult/parent/guardian named below acknowledges and warrants that he or she is at least eighteen years of age and is either the adult volunteer named below or is the parent and legal guardian of the child volunteer listed below; s/he has carefully read this document, that he or she understands its terms, and signs it freely and voluntarily.

**Scout Project Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

\_\_\_\_\_  
Print Adult Participant's Name

\_\_\_\_\_  
Print Child Participant #1's Name

\_\_\_\_\_  
Signature of Adult Participant

\_\_\_\_\_  
Print Child Participant #2's Name

\_\_\_\_\_  
Print Adult Participant's Name

\_\_\_\_\_  
Signature of Child Participant's/s' Parent/Legal Guardian

\_\_\_\_\_  
Signature of Adult Participant

\_\_\_\_\_  
Print Parent/Legal Guardian's Name

**Please return to Scout Projects at Winthrop University  
Attention: Dr. Cheryl Fortner, 134 Kinard Hall, Rock Hill SC 29733**