

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

RELEASE

WHEREAS, I _____
name of Participant

have been permitted to participate in certain field experiences in BIOL 526, Fall Flora, throughout the Fall 2004 semester;

AND WHEREAS, I acknowledge that such participation is solely on my own initiative, risk, and responsibility;

AND WHEREAS, I acknowledge that I agree to abide by the rules and regulations as are announced or distributed by the instructor;

NOW therefore, for and in consideration of the permission extended to me by the University of South Carolina, I do hereby voluntarily release, discharge, waive, relinquish, and forever hold harmless the University of South Carolina, its officers, agents and employees from and against any and all actions or causes of actions, personal injury or property damage which may result from or arise in connection with my participation in the above-described activity.

I understand that I will be solely responsible for the costs of any necessary medical treatment. My signature below acknowledges that I have read this release and that I fully understand its significance.

Witness

Signature of Participant

Date