



**Youth Waiver:**

By checking the box below, I affirm that I have read the Code of Conduct for the Eat Smart Move More South Carolina Youth Summit (the “Event”), and that I agree to abide by all of its terms, and, further, that I agree to the terms set forth below:

I understand that my travel to and participation in the Event involves risks, some of which may not be foreseen or reasonably foreseeable, including, but not limited to, property damage, theft of property, personal injury, illness, disability or death. I agree to assume any and all such risks and hereby accept personal responsibility for any injury, illness, damage, loss, claim, liability or expense of any kind or nature that I or my property may suffer in connection with my participation in the Event. I, hereby waive, renounce and release, on behalf of myself, my heirs and my estate, all claims of any nature against the Licensed Parties and their officers, directors, employees, representatives, agents, volunteers and others, and their heirs, estates, successors and assigns, arising out of, resulting from or in connection with my participation in the Event.

In the event of an emergency, I hereby authorize the Licensed Parties’ personnel or contractors to call the emergency contact listed in this registration and either take me, or arrange transportation for me, to the nearest urgent-care facility for medical treatment. In such a situation, I give consent for medical treatment to be provided, including but not limited to, treatment at a hospital or other medical facility to which I may be transported. I authorize the information on this form to be released to any healthcare provider. I further authorize any adult acting as an agent, volunteer, or employee of the Licensed Parties to consent to medical care for me in the event that such medical care is deemed necessary.

I have read this release prior to agreeing to it, and I understand its contents. It is my intent that this release bind the members of my family and my heirs, assigns, and personal representatives. Any portion of this release deemed unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

**Parental/Guardian Non-Attendee Waiver:**

By checking the box below, I affirm that I am the parent/legal guardian of the youth named in this registration (the “Registrant”) for the Eat Smart Move More South Carolina Youth Summit (the “Event”), that I give permission for the Registrant to participate in the Event, and that I agree to the terms set forth below:

I understand that the Registrant’s travel to and participation in the Event involves risks,



some of which may not be foreseen or reasonably foreseeable, including, but not limited to, property damage, theft of property, personal injury, illness, disability or death. I agree to assume any and all such risks and hereby accept personal responsibility for any injury, illness, damage, loss, claim, liability or expense of any kind or nature that the Registrant or property belonging to me or to the Registrant may suffer in connection with the Registrant's participation in the Event. I hereby waive, renounce and release, on behalf of myself, my heirs and my estate, all claims of any nature against the Licensed Parties and their officers, directors, employees, representatives, agents, volunteers and others, and their heirs, estates, successors and assigns, arising out of, resulting from or in connection with the Registrant's participation in the Event.

In the event of an emergency, I hereby authorize the Licensed Parties' personnel or contractors to call the emergency contact listed in this registration and either take the Registrant or arrange transportation to the nearest urgent-care facility for medical treatment. In such a situation, I give consent for medical treatment to be provided, including but not limited to, treatment at a hospital or other medical facility to which the Registrant may be transported. I authorize the information on this form to be released to any healthcare provider. I further authorize any adult acting as an agent, volunteer, or employee of the Licensed Parties to consent to medical care for the Registrant in the event that such medical care is deemed necessary.

I have read the Code of Conduct included in this registration and have discussed it with Registrant, who has agreed to abide by its terms.

I represent and warrant that I have reached the age of majority in my jurisdiction, I have read this release prior to agreeing to it and understand its contents, and am authorized to grant the permissions set forth herein. It is my intent that this release bind the members of my family and my heirs, assigns, and personal representatives. Any portion of this release deemed unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.