

WAIVER OF LIABILITY AND RELEASE, INCLUDING A CONSULTING  
SERVICES AGREEMENT, AS CONDITION OF MY PARTICIPATION  
IN THE SOUTH CAROLINA COMMUNITY PLANNING ASSISTANCE TEAM INITIATIVE

[PLEASE READ THE FOLLOWING CAREFULLY. IF YOU HAVE ANY QUESTIONS, HAVE THEM ANSWERED BEFORE COMPLETING THIS FORM AND AGREEING TO THIS AGREEMENT.]

In consideration of being permitted to participate in a South Carolina Community Planning Assistance Team (SC CPAT) initiative, I, in full recognition and appreciation of the dangers and risks inherent in such activities, do hereby waive, release, and forever discharge the South Carolina Chapter of the American Planning Association, and their officers, agents and employees from and against any and all claims, demands, actions, or causes of actions for costs, expenses or damages to personal property or personal injury or death, which may result from my participation in the SC CPAT.

I understand and fully acknowledge that my participation in the SC CPAT is voluntary and I assume full responsibility for any injuries or damages resulting from my participation in the SC CPAT including responsibility for using reasonable judgment in all phases of my participation in the SC CPAT and in travel to, from, and within the destination for the SC CPAT project. I recognize and understand that my participation may encounter hazards, that my participation is solely at my own risk, and that I assume full responsibility for any resulting injuries and damages.

I affirm that I am in good health. I further declare that I am physically fit and capable to participate in the SC CPAT. I acknowledge that it is the recommendation of the South Carolina Chapter of the American Planning Association that I obtain general medical/health insurance as well as travel, personal property protection, and liability insurance if I am not already covered. I understand that it is my responsibility to notify the appropriate persons on my SC CPAT and wherever I may be working or traveling of emergency medical information. I also understand that this Waiver of Liability and Release is binding on my heirs, executors, administrators, and assigns, as well as me.

I agree to not seek paid consulting work or any other paid services relating to the SC CPAT work for one full year starting from the end of the SC CPAT visit to the destination involved.

I acknowledge that I have read and understand this entire Waiver of Liability and Release, and I agree to be legally bound by it. Moreover, my submittal of this team member application constitutes my affirmation that I have read, understand and accept all of the terms of the invitation to participate in the SC CPAT.