

PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

In consideration of the South Carolina Firefighters' Foundation, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Foundation "), I hereby agree to release, indemnify, and discharge the Foundation, on behalf of myself, my personal representative and my estate as follows:

1. I acknowledge that my participation in the South Carolina Firefighters' Foundation Stair Climb entail known and unanticipated risks that could result in physical or emotional injury or death.

The risks may include, but not limited to: Strenuous physical activity; slipping and falling; pinches, scrapes, twists and jolts; sprains, strains, broken bones; collision with fixed or movable objects; weather conditions; exhaustion; heat exhaustion, sunburn, and dehydration; and the physical exertion associated with this activity. Furthermore, the Foundation facilitators and volunteers have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Foundation from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity.

4. Should the Foundation or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I understand that the Foundation does not provide health insurance for participant of the Stair Climb. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

Signature

Date