



Equipment and Device Liability Release

I, _____, do hereby acknowledge receipt of
(print first and last name)

(equipment or device(s))

I also acknowledge and agree that the University of South Carolina, its trustees, officers, employees, agents, representatives, students and affiliates, to include SC Assistive Technology Program, Center for Disability Resources, Department of Pediatrics, USC School of Medicine, shall be not be responsible for any claims, damages or liability, of any nature whatsoever (to include personal injury, death, property damage, attorneys' fees and costs), which may arise from my acceptance, possession or use of the above-referenced equipment or device(s), or which may arise from the acceptance, possession or use of the above-referenced equipment or device(s) by any other person(s) or entities to whom or to which I provide the equipment or device(s). I assume all risks associated with this equipment, including, but not limited to, malfunctions of the equipment or device(s).

I also agree to release, indemnify and hold harmless the University of South Carolina, its trustees, officers, employees, agents, representatives, students and affiliates, to include SC Assistive Technology Program, Center for Disability Resources, Department of Pediatrics, USC School of Medicine, for any claims, damages, or liability of any nature whatsoever (to include personal injury, death, property damage, attorneys' fees and costs), which may arise from my acceptance, possession or use of the above-referenced equipment or device(s), or which may arise from the acceptance, possession or use of the above-referenced equipment or device(s) by any other person(s) or entities to whom or to which I provide the equipment or device(s).

Further, I waive any and all rights I, or anyone acting on my behalf, may have now, or at any time, to bring or pursue any claim or action against the University of South Carolina, its trustees, officers, employees, agents, representatives, students and affiliates, to include SC Assistive

Technology Program, Center for Disability Resources, or Department of Pediatrics, USC School of Medicine.

I have read this Release in its entirety and agree to be bound by its terms. I understand that it means I will not have the right to bring any claim or action against the University of South Carolina, its trustees, officers, employees, agents, representatives, students and affiliates, to include SC Assistive Technology Program, Center for Disability Resources, or Department of Pediatrics, USC School of Medicine, for any injury, death, or property damage I, or anyone acting on my behalf, would have otherwise been able to bring.

Additionally I am agreeing to indemnify and hold harmless the University of South Carolina, its trustees, officers, employees, agents, representatives, students and affiliates, to include SC Assistive Technology Program, Center for Disability Resources, or Department of Pediatrics, USC School of Medicine, for any claims, damages, or liability of any nature whatsoever (to include personal injury, death, property damage, attorneys' fees and costs), which may arise from my acceptance, possession or use of the above-referenced equipment or device(s), or which may arise from the acceptance, possession or use of the above-referenced equipment or device(s) by any other person(s) or entities to whom or to which I provide the equipment or device(s).

I fully understand the terms of this Release, I agree to be bound by its terms and I sign it voluntarily, and free from any coercion or duress.

Signature

Date: _____

Signature of Witness

Printed Name of Witness

Date: _____