

**Department of Biological Sciences  
University of South Carolina  
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**Consent Form and Release**

I, \_\_\_\_\_, residing at  
(please print full name)

\_\_\_\_\_  
(please print full address)

do hereby consent to participate in the field exercises of the Department of Biological Sciences of the University of South Carolina in accordance with all safety and operations regulations, a copy of which is attached hereto and made a part hereof. I hereby acknowledge and/or appreciate that there are risks inherent in the participation of field experiences in urban and natural habitats. I do hereby release the University of South Carolina, its officers, agents, and employees, from any claims, demands, or actions on account of my death or any injury which may occur to me or to my property during said activities. I fully understand that the University of South Carolina does not provide life insurance or medical coverage/benefits during this activity. I understand I am responsible for the costs of any personal coverage. I have read and understand all rules and regulations pertaining to this activity and consent to participate in accordance with such rules and regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian if Minor