



## Construction Site Visit Consent Form, Release and Waiver of Liability

Date of Site Visit: \_\_\_\_\_

Location: **Shawn Jenkins Children's Hospital & Pearl Tourville Women's Pavilion** ("Facility")

I hereby give consent for \_\_\_\_\_ ("Visitor"), to  
Print Name

participate on the above-referenced Construction Site Visit. I understand that such Visitor will be accompanied by employees of the **Robins & Morton/Cumming/Brownstone** ("**R&M/C/B**") construction team and/or employees of the **Medical University of South Carolina** ("**MUSC**") and/or the **Medical University Hospital Authority** ("**MUHA**"). I hereby acknowledge, agree and represent that I am aware that the Facility is under construction and that a construction site is a dangerous environment, despite precautions for safety being taken by the Facility, contractor and trade contractors performing work at the project site. I further understand that certain risks are involved in visiting a construction site.

In consideration of the permission granted to Visitor by R&M/C/B, MUSC and MUHA to participate in the Construction Site Visit indicated above, I hereby agree as follows:

1. To the fullest extent permitted by law, to release, waive, discharge, hold harmless, defend, and indemnify R&M/C/B, MUSC and MUHA (including their respective affiliated entities) and their individual officers, administrators, employees and agents, acting officially or otherwise (the "Releasees"), from any and all claims, suits, demands, damages, losses, judgements, payments, awards, and expenses (including reasonable attorney's fees and costs) that may arise in connection with this Construction Site Visit or any harm that occurs to Visitor and/or liability which arises out of their participation in the Construction Site Visit; including, but not limited to, liability for property damage or loss, or bodily, personal or mental injury, including death.
2. I further hereby consent to the participation of Visitor in interviews, the use of quotes, and the taking of photographs, movies or videotapes by R&M/C/B, MUSC and/or MUHA. I also grant R&M/C/B, MUSC and/or MUHA the right to edit, use and reuse said products for non-profit purposes including use in any public media, including radio, television, digital, internet or print, or in a MUSC Children's Health publication. I understand that the intended use of such images may include advertising, marketing, fundraising or promotional purposes of MUSC Children's Health. I acknowledge that this consent and authorization is being made solely for the benefit of MUSC Children's Health and without any expectation of compensation or other benefit to Visitor. To the



extent that any benefit accrues or might accrue to MUSC Children's Health from the use of images or disclosure of information, I hereby and forever waive any interest in or claim to such benefits. I further hereby release and forever discharge the Releasees from any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness arising out of, related to, or in any way connected with the use of images or disclosure of information and materials described herein, and I hereby waive any interest in or claim to such information and materials.

**I have read this Construction Site Visit Consent Form, Release and Waiver of Liability carefully, understand its significance, and voluntarily agree to all of its terms.**

Print Visitor's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

*In the event that Visitor is under the age of eighteen (18) years, a parent or other legally authorized representative (e.g., guardian) must sign below indicating permission for participation and agreement to all of the terms above.*

**SIGNATURE OF PARENT OR GUARDIAN OF STUDENT VISITOR**

Print Name: \_\_\_\_\_

Relationship to Visitor: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_