STATE OF SOUTH CAROLINA )	RELEASE OF LIABILITY HOLD HARMLESS AGREEMENT
COUNTY OF GREENVILLE )	
I,	
am fully aware that there may be risks and haza participating in the Event, and I hereby elect to named premises and engage in activities known or dangerous to me and my property. I volunta damage or personal injury, including death, that owned by me, as a result of my being a particip or otherwise. I agree to observe and obey all re- I further hereby agree to indemnify and save are	d with being on the premises and participating in this Event, and lards unknown to me connected with being on the premises and evoluntarily participate in the Event, to enter upon the above ing that conditions may be hazardous, or may become hazardous will assume full responsibility for any risks of loss, property at may be sustained by me, or any loss or damage to property pant in the Event, whether caused by the negligence of releasees alles, warnings, instructions and directions given by the releasees. In the data of them, from any loss, or my participation in the Event, whether caused by the negligence
It is my express intent that this Release shall bi	nd the members of my family and spouse, if I am alive, and my am deceased, and shall be deemed as a Release, Waiver, named releasees.
I have read and fully understand the provisions and the County of Greenville with respect to the	of this release, which sets forth the entire agreement between me te aforementioned Event.
<b>IN WITNESS WHEREOF,</b> I have hereunto s 2023.	et my hand and seal this day of,
Signature of Participant	Printed Name of Participant
Emergency Contact:(Name)	(Phone #)
WITNESS:	
Signature of Witness	Printed Name of Witness