

WAIVER OF LIABILITY, INDEMNIFICATION AND MEDICAL RELEASE

(For use by adults during special events and activities.)

I am aware of the dangers involved in participating in

On behalf of myself, my executors, administrators, heirs, next of kin, successors, and assigns, I hereby:

- a. waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind, which may hereafter, accrue to me and my estate, the State of South Dakota, and its officers, agents and employees; and
- b. indemnify and hold harmless the State of South Dakota, and its officers, agents and employees from and against any and all liabilities and claims made by other individuals or entities as a result of any of my actions during this activity or event.

I hereby consent to receive any medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event.

This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I, the undersigned participant, acknowledge that I have read and understand the above Release.

Name

Date of Birth

Address

Name of Emergency Contact Person

Emergency Person's Telephone Number

Signature

Date
