

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK, PHOTO RELEASE AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT

Form required by State of South Dakota for all persons participating in programs.

By our signatures below, we acknowledge that we are aware of, appreciate the character of, and voluntarily assume the risks involved in participating in

The Outdoor Campus-programs running from January 1 – December 31, 2018

By our signatures below, on behalf of ourselves, our heirs, next of kin, successors in interest, assigns, personal representatives, and agents, we hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota, its officers, employees, and agents for any liability for injuries to person or property resulting from participation in the activity listed above;
2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from participation in the activity listed above;
3. Consent to receive any medical treatment deemed advisable during participation in the activity listed above;
4. Authorize the use of participant's photograph in all forms and media and in all manners, including composite or other representations, for any lawful purposes, and waive any right to approve the finished product;
 Check if photographs are not authorized to be taken;
5. Acknowledge that we are signing below as the parent or legal guardian of the minor child named below.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK, PHOTO RELEASE, AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Participant Name (printed) _____

Address _____

Phone Number _____

E-mail Address _____

Additional Participant's Name _____ Date of Birth _____

Additional Participant's Name _____ Date of Birth _____

Additional Participant's Name _____ Date of Birth _____

Additional Participant's Name _____ Date of Birth _____

Signature _____ Date _____

I HAVE READ THIS RELEASE

Special Needs: If you or your child has special needs, mobility needs, medications, health concerns or other needs, we request that you describe those needs here:

