



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK, AND INDEMNITY AGREEMENT

Form required by State of South Dakota for the person checking out this **PFD/life jacket**.

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

A SD GFP PFD/Life Jacket within the January 1 – December 31, 2025 time period

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 use of the SD GFP PFD/Life Jacket;
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 use of the SD GFP PFD/Life Jacket;
3. **Accept full responsibility for the care of the equipment during the rental period and will be responsible for replacement at full retail value as determined by SD Game, Fish and Parks if the equipment is not returned or returned damage (excluding normal wear and tear).**
4. Acknowledge that we are signing below as the teacher, instructor or parent or legal guardian of those utilizing the equipment.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK, AND INDEMNITY AGREEMENT 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.

User's Name (printed) _____ Date of Birth _____

Address _____ City: _____ Zip: _____

Phone Number _____

E-mail Address _____

Additional User's Name _____ Weight: _____ Date of Birth _____

Additional User's Name _____ Weight: _____ Date of Birth _____





SOUTH DAKOTA DEPARTMENT OF GAME, FISH AND PARKS

4500 S. Oxbow Ave. | Sioux Falls, SD 57106

Additional User's Name _____ Weight: _____ Date of Birth _____

Additional User's Name _____ Weight: _____ Date of Birth _____

Signature _____ Date _____

I HAVE READ THIS RELEASE

***** For SD GFP Outdoor Campus/Region 3 Staff Official Use Only (below this point) *****

Utilize the below form to track data at checkout time and then at time of return.

Data (to be filled out when checked out):

1. Date PFD/Life Jacket was Checked out: _____
2. Date PFD/Life Jacket Expected to be returned: _____
3. How many life Jackets were checked out and what sizes were checked out:
 - a. _____ Infant
 - b. _____ Toddler
 - c. _____ Youth
 - d. _____ Adult
 - e. _____ Adult Oversized

Data (to be filled out when returned):

1. Date PFD/Life Jacket returned: _____
2. Where did you use the PFD/Life Jacket? _____
3. What was your main purpose for using it? ___ Boating, ___ Fishing, ___ Swimming
4. Any comments provided about the PFD/Lifejackets (improvements, praise, etc.):

Other Items:

1. Staff Member Checking PFD/Life Jacket in: _____
2. Condition of the PFD/Life Jacket being checked in: _____

