



SOUTH DAKOTA DEPARTMENT OF GAME, FISH AND PARKS

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

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 **Live Trap**.*

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 Live Trap within the January 1 – December 31, 2026 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 Live Trap;
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 Live Trap;
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 _____

Signature _____ **Date** _____

I HAVE READ THIS RELEASE



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***** 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. Trap #: _____ Initials of staff Checking out: _____
2. Type of Live Trap Checked out: _____
3. Date Live Trap was Checked out: _____
4. Date Live Trap Expected to be returned: _____

Data (to be filled out when returned):

1. Date Live Trap returned: _____
2. Where did you use the live trap? _____
3. What was your main purpose for using it? ____ Personal, ____ Bounty Program, ____ Educational
4. Were you successful? _____
 - a. If yes, did you dispatch it or release it? _____
 - b. What Species? _____
5. Any comments provided about the live traps (improvements, praise, etc.):

Other Items:

1. Staff Member Checking Trap in: _____
2. Condition of the trap being checked in: _____