

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

*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 utilizing

**The SD Outdoor Campus Action Track Chair 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 Outdoor Campus Action Track Chair;
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 Outdoor Campus Action Track Chair;
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 parent or legal guardian of the minor child named below.

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 Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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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:

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