



# 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 **Critter Crate**.

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 Outdoor Campus Critter Crate within the January 1 – December 31, 2024 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 Critter Crate;
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 Critter Crate;
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





SOUTH DAKOTA DEPARTMENT OF  
**GAME, FISH AND PARKS**

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

**\*\*\* 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 (ensure that the expected check out period is listed on the Campus Critter Crate Calendar as well).

**Data (to be filled out when checked out):**

1. Name of Crate Checked out: \_\_\_\_\_
2. Date Crate was Checked out: \_\_\_\_\_
3. Date Crate is expected to be returned: \_\_\_\_\_

**Data (to be filled out when returned):**

1. Date Crate returned: \_\_\_\_\_
2. Group/Organization Checked out for (if applicable): \_\_\_\_\_
  - a. If a school...
    - i. School District: \_\_\_\_\_
    - ii. Name of School: \_\_\_\_\_
    - iii. Grade(s) used for: \_\_\_\_\_
3. Approximate hours the crate was utilized for: \_\_\_\_\_
4. Approximate number of students taught via the crate: \_\_\_\_\_
5. Any comments provided about the crate (improvements, praise, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Items:**

6. Staff Member Checking Crate in: \_\_\_\_\_
7. Condition of the crate being checked in: \_\_\_\_\_

