



PARENTS OR GUARDIANS AGREEMENT OF WAIVER OF LIABILITY, INDEMNIFICATION AND MEDICAL RELEASE

*(For use by adults during special events and activities if the participant is under 18 years of age.)*

The undersigned parent and natural guardian or legal guardian does hereby acknowledge that he/she is aware of the dangers involved in participating in the:

BHSU-WDT-SD MINES Dakota Dreams Camp: July 7-July 11, 2024

Said undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees on behalf of the participant and his/her executors, administrators, heirs, next of kin, successors, and assigns, to:

- a. waive, release and discharge from any and all liability for participant's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participant and his/her estate, the State of South Dakota, and its officers, agents, and employees; and
- b. indemnify and hold harmless the State of South Dakota, and its officers, agents and employees from and against any and all liabilities and claims made by other individuals or entities as a result of participant's participation or actions during this activity or event.

The undersigned further consents to and authorizes medical treatment to the participant, which may be deemed advisable in the event of injury, accident, or illness during this activity or event.

This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I, the undersigned, acknowledge that I have read and understand the above Release.

Name of Minor \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_