

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND
INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT**

By my(our) signature(s) below, I(we) acknowledge that I(we) am aware of, appreciate the character of, and voluntarily assume the risks involved in participating in:

By my(our) signature below, on behalf of ourselves, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I(we) hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota and the South Dakota School of Mines & Technology (SDSM&T), their officers, employees, and agents for any liability for injuries to person or property resulting from participation in the activities listed above;

2. Agree to indemnify and hold harmless the State of South Dakota, SDSM&T, their officers, employees, and agents for any claims, causes of action, or liability to any other person arising from participation in the activity listed above;

3. Consent to receive any medical treatment deemed advisable during participation in the activities listed above.

4. For Minor participants only - Acknowledge that we are signing below as a minor child and as the parent or legal guardian of the minor child named below.

I(WE) HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT, 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.

Please complete one of the following blocks as appropriate:

I CERTIFY THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER.

Name _____ Date of Birth _____

Signature _____ Address _____

I HAVE READ THIS RELEASE.

IF PARTICIPANT IS A MINOR:

Minor's Name _____ Date of Birth _____

Minor's Signature _____ Minor's Address _____

Date _____

Guardian's Name _____ Date of Birth _____

Guardian's Signature _____ Guardian's Address _____

Date _____

I HAVE READ THIS RELEASE.