

SOUTH DAKOTA



SCHOOL OF MINES
& TECHNOLOGY

SUMMER CAMP RELEASE FORM

SD MINES SUMMER CAMPS

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

By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks involved in participating in activities associated with the _____ camp.

By my signature below, on behalf of ourselves, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I 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 and Technology (SDSM&T), their officers, employees, and agents for any liability for injuries to my person or property resulting from my 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 my participation in the activity listed above;
3. Consent to receive medical treatment deemed advisable during my participation in the activities listed above; and
4. Acknowledge that we are signing below as a minor child and as the parent or legal guardian of the minor child listed below;

I HAVE READ THE 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 FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW.

Please complete ONE of the following blocks. I HAVE READ THIS RELEASE.

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

Student's Name: _____ Date of Birth: _____
Student's Signature: _____ Date: _____

IF PARTICIPANT IS A MINOR:

Student's Printed Name: _____ Date of Birth: _____
Student's Signature: _____ Date: _____

Guardian's Printed Name: _____ Date of Birth: _____
Guardian's Signature: _____ Date: _____