



UNIVERSITY OF SOUTH DAKOTA

UNIVERSITY OF SOUTH DAKOTA WELLNESS CENTER

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

By our signatures below, we acknowledge that we are aware of, appreciate the character of, and voluntarily assume the risks involved in participating in all activities associated and available at the University of South Dakota Wellness Center and DakotaDome pool. Under certain circumstances, adopting an exercise program has some inherent risks. A medical examination is encouraged prior to starting an exercise program.

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 participation in the activity listed above;
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 my voluntary participation in the Wellness Center activities, including payment of reasonable attorney fees; and
3. Consent to receive any medical treatment deemed advisable during participation in the activity 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 named below.

I 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 Print

Minor's Name _____ Date of Birth ____/____/____

Guardian's Name _____ Today's Date ____/____/____

Guardian's Signature _____

RELEASE AUTHORIZATION

I hereby grant The University of South Dakota the non-exclusive rights and license to make, edit and use images, and/or audio for publicity, news, or advertising - to include print, video, broadcast media and the World Wide Web.

I release the University of South Dakota from any and all claims of payment for performance rights, residuals or damages for libel, slander, invasion of privacy, or any claim based on the use of said material.

Please Print

Minor's Name _____ Date of Birth ____/____/____

Guardian's Name _____ Today's Date ____/____/____

Guardian's Signature _____