Purchæing Offi ce/Finance & Busiess SAD 304 688-4989

freelyand voluntarily without any inducement, assurance orguaran

SOUTH DAKOTA STATE UN IV ERSITY

Participation and Self-Transportation Agreement; Release and Waiver of Liability; Assumption of Risk Agreement; Indemnity Agreement; and Consentto Medical Treatment and Emergency Contact Form

risl	By my signature below, lackrowledge that I am aware of, appreciate the charcterof, responsible for, anybluntarily assume the isks of my (or my minor child's) use of on-University-provided transportation, and participation in the following University event name of event, date, time, location, authorizersity course/group associated)							
	(Blanksto be competed by trip sponsor/ coach prior to signature of participant)							
Ву	my signature below, on behalf ofnyself (and my minor child) my heirs, next 6t2 s 7925n0oto(n)&Hit25 (fu)rth&(en) 92, (hà)gr(sa) (h)4[a n(
	te Ur State University and/or the Solo Dakot	te University and/or the			d of Regets understan 840 Td [2	ds that South Dakota th		
	State Offiversity and/of the Sumula	akua boaru or Negerii	s nave	no capit	04 0 Tu [2	minor child's)participation i child) sustain and my insura		
	is a policy issuedto	(pogyli holders	name)	This insura	anceis valid through	(date);		
5.	Agreeto abide by all federal and sa (or, where applicable my minor child that I am (and my minor child is) espo	ld is)subjectto student co	ndataci	on for a bea	achof these laws and @			
	ave read this release and waver of lia atment. I fully understand its termsa							

1 2 OGC 2019.08.01

Parents and/or Guardians (Required if Student is Under 18 Years of Age):

I have read the release and waver of liability; assumption of riskagreement, indemnity agreement; and consento medical treatment. I fully understand its terms and understand that I and my minor child have vegenup substantial gints by signing it and have signed freely and voluntarily without any inducement, assurance or guarantee being made to mean dintendry signature to be a compete and unconditional release of all liability to the greatest extent allowed by law.

Parent/Guardian 1:		Parent/Guardian 2:	
Signature:	Date:	Signature:	Date:
Printed Name:		Printed Name:	
For Intercollegiate Athletics Only: I approve / disapprove this request.	Head	d Coachinitials:Date:	
Emergency Contact Inform			

2 2 OGC 2019.08.01