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

freelyand voluntarily without any inducement, assurance orguaran

## SOUTH DAKOTA STATE UN IVERSITY

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, and bluntarily assume the risks 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, authorizerity course/group associated)  (Blanks to be completed by trip sponsor/ coach prior to signature of participant)  By my signature below, on behalf of nyself (and my minor child) my heirs, next 6 12 25 76 12 5 10 10 10 10 10 10 10 10 10 10 10 10 10				
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Ву					
	StateUniversity and/or the Solou		n Dakota Board of Regets understand ve no coont 840 Td [2	ds that South Dakota th minor child's)participation i	
				child) sustain and my insura	
	is a policy issuedto	(pooyli holders nan	ne) This insuranceis valid through	(date);	
5.		ild is)subjectto student condut	l Univerity rules and regulations, and action for a beachof these laws and ge laws, r <b>te</b> s and regulations.		
			ement; indemnity agreement; and cons on up substantial rights by signing it ar		

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