

**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 work , a religious activity, a cultural activity, a tour or some other activity that requires admission inside the security perimeter of each or all the following:

The South Dakota State Penitentiary or Jameson Prison Annex, Sioux Falls, South Dakota ; Mike Durfee State Prison, Springfield, South Dakota; South Dakota Women’s Prison, Pierre, South Dakota; or any and all subsidiary facilities or operations of the South Dakota Department of Corrections.

By my signature below, on behalf of myself, 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, its officers, employees, and agents for any liability for injuries to my person or property resulting from my participation in the activity listed above.
2. Agree to indemnity 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 participation in the activity listed above; and
3. Consent to receive any medical treatment deems advisable during my participation I the activity listed above.

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 COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Name: _____ Date of Birth: _____

Signature: _____

Address: _____

Date: _____