

FORM MUST BE RETURNED WITH ENTRY FORM

WAIVER OF LIABILITY, IDENTIFICATION AND MEDICAL RELEASE

For use by adults during special events and activities

I am aware of the dangers involved in participating in _____
at the South Dakota State Fair in Open Class Competition.

On behalf of myself, my executors, administrators, heirs, next of kin, successors, and assigns, I hereby:

- a. waive, release and discharge the South Dakota State Fair, the State of South Dakota and its officers, agents and employees from any and all liability for participant's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participant and his/her estate; and
- b. Identify and hold harmless the South Dakota State Fair, the State of South Dakota, and its officers, agents and employees from and against any and all liabilities and claims made by other individuals or entities as a result of participant's participation or actions during the activity or event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during this activity or event.

This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I, the undersigned participant, acknowledge that I have read and understand the above release.

Name

Signature

Date