

FORM MUST BE RETURNED WITH ENTRY FORM

PARENT'S OR GUARDIAN'S AGREEMENT OF WAIVER OF LIABILITY, IDENTIFICATION AND MEDICAL RELEASE

For use by participants under 18 years of age during special events and activities

Name of Event: _____

The said undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees on behalf of the participant and his/her executors, administrators, heir, next of kin, successors, and assigns to:

- 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.

The undersigned further consents to and authorizes medical treatment to the participant, 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 acknowledge that I have read and understand the above release.

Name of Minor

Age

Name of Parent or Guardian

Signature

Date