

YOUTH SPORTS FEST PARENT PERMISSION, WAIVER OF LIABILITY
INDEMNIFICATION AND MEDICAL RELEASE FORM

Participant's name: _____ M____F____ Age_____

Home address: _____ City _____ State _____ Zip _____

T-shirt size. Check one. ____ Youth M ____ Youth L ____ Youth XL ____ Adult M ____ Adult L ____ Adult XL

I am the legal parent or guardian of Participant. I am acting, and have authority to act, on behalf of myself, Participant, and our respective executors, administrators, heirs, next of kin and successors. In that capacity, I:

- a. acknowledge that I am familiar with the Youth Sports Fest (Sports Fest) activities and that some of the activities include the risk of death and personal injury; I acknowledge that the Sports Fest activities involve the handling, loading, and discharging of firearms (guns); those are inherently dangerous activities which include the risk of serious injury, death, and property damage; equipment and ammunition malfunctions and the actions of other Sports Fest participants can also expose Participant to the risk of serious injury, death, and property damage.
- b. acknowledge that the Sports Fest is conducted by volunteers, and that Participant must comply with the rules and procedures of the Sports Fest and the reasonable instructions of the volunteers, or Participant must discontinue participation in the Sports Fest.
- c. waive all claims against, and I release and agree not to sue, the State of South Dakota (State) and all volunteers, clubs, and organizations assisting with the Sports Fest, regarding any claim, loss, liability, or cost on account of Participant's death or personal injury, or property loss or damage, directly or indirectly related to Sports Fest activities.
- d. indemnify and hold the State and all volunteers, clubs, and organizations assisting with the Sports Fest, harmless from any claim, loss, liability, or cost, including attorney's fees and legal costs, on account of Participant's death or personal injury, or property loss or damage, directly or indirectly related to Sports Fest activities.
- e. assume full responsibility for any risk of death or personal injury, and property loss or damage, directly or indirectly related to Sports Fest activities.
- f. consent to and authorize any medical treatment which may be deemed appropriate if Participant sustains any injury or illness.
- g. grant the State and all volunteers, clubs, and organizations assisting with the Sports Fest, the right to copyright, use, distribute, and publish video and photographic images of Participant, and Participant's name, for advertising, promotional and informational purposes, and I release those parties from any liability resulting, directly or indirectly, from the use, distribution or publication of video and photographic images or the name of Participant; I also waive any right to preapprove or inspect the content of materials, which may include video or photographic images and/or the name of Participant prior to use, distribution and/or publication.

I consent to Participant's participation in all Sports Fest activities. My consent, waiver, release, indemnification, assumption of risk, and permission are unconditional and are to be construed broadly to provide the State, volunteers, clubs, and organizations with the greatest protection allowed by South Dakota law. I have read and understand this document. I understand that I have given up substantial rights for me and Participant by signing it. I have signed it voluntarily without any inducement, promise or threat being made to me.

Name of parent/ guardian _____ Phone #(Required) _____
Please Print

Address, if different than Participant _____
Please Print

Signature of parent/guardian _____ Date _____

Would you like to be in a group with other participants? Names of other participants: _____

Would a parent or guardian like to volunteer? _____

Youth Sports Fest Director Initial _____ Date _____