

SOUTH DAKOTA DEVELOPMENTAL CENTER

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:

Redfield Parks & Recreation sponsored water aerobics/lap swimming utilizing the Activity Center swimming pool and changing rooms on the SDDC campus Mondays - Thursday from September 12, 2016 through November 17, 2016 from 5-6:30p.

Parking in designated areas only (parking in the fire zone directly behind the Activity Center is prohibited).

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 indemnify 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 deemed advisable during my participation in 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 BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Name _____

Date _____

Signature _____

I HAVE READ THIS RELEASE

**SOUTH DAKOTA DEVELOPMENTAL
CENTER
REDFIELD, SOUTH DAKOTA**

Statement of Confidentiality

CONFIDENTIALITY STATEMENT FOR VISITORS, GUESTS, STUDENTS & APPLICANTS:

As a visitor, guest, student or applicant of the South Dakota Developmental Center, I understand that federal and state regulations on confidentiality require that I not reveal the identity of any person I may see while at the South Dakota Developmental Center. I understand that any disclosure of individuals information, including the person's presence in treatment, or description of any person, without a specific written consent from that person may be interpreted as unlawful.

Cameras, audio/visual recorders and similar equipment is strictly prohibited. I agree to maintain the confidentiality of all individuals at the South Dakota Developmental Center.

Printed Name _____

Signature _____

Date _____