

**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: _____

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:

Lifeguards, instructors, participants, and monitors of the Redfield Parks and Recreation swimming program, utilizing the Activity Center Pool and changing rooms on the SDDC campus from 8AM – 12:30 PM:

_____ Session I (June 20-July 8, 2016)

_____ Session II (July 11 – July 21, 2016)

_____ Session III (July 25 – August 4, 2016)

Redfield Parks and Recreation is responsible for providing two certified lifeguards, two swimming instructors and a monitor for the Activity Center lobby. Minors must be supervised by adults at all times, including arrival and departure from campus. Participants may only use the North door of the Activity

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: _____

Signature: _____
(I HAVE READ THIS RELEASE)

Address: _____ Date: _____