Southwest Minnesota State University Waiver of Liability, Release, and Indemnification Agreement

READ CAREFULLY BEFORE SIGNING

To be	e signed by participants in the as part of the
I have not required to	e voluntarily agreed to participate in the I am o participate in the
The _	consists of L am aware of the
associated wideling but are not line	I am aware of the risks to my person and property involved in participating in these activities. Risks the my participation in the include, mited to, loss of or damage to personal property, bodily injury, or even death. All known, understood, and assumed by me.
	sideration of the College/University's agreement to permit me to participate in this eccipt and sufficiency of which is hereby acknowledged, I agree as follows:
1)	I agree to abide by the safety rules and regulations as set by the Southwest Minnesota State University . Failure to do so will disqualify me from participation.
2)	I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the College/University, the State of Minnesota, and its employees, agents, officers, trustees and representatives (in their official and individual capacities) ("Releasees") from any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney fees, which arise out of, result from, occur during, or are connected in any manner with my participation in the whether caused by the negligence of the Releasees or otherwise; except that which is the result of gross negligence and/or wanton misconduct by the Releasees.
3)	I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the College/University, the State of Minnesota, and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any

and all liability, loss, damage or expense, including attorney fees, that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgments, costs or expenses, including attorneys fees, which

4)	I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident or illness during this activity or event.
the laws of the shall, notwither construed bro	that this Waiver, Release and Indemnification Agreement is to be construed under the State of Minnesota, U.S.A.; and that if any portion is held invalid, the balance standing, continue in full legal force and effect. I agree that this Agreement is to be adly to provide a release, indemnification and waiver to the maximum extent ander applicable law.
I understand i	ting this document I hereby acknowledge that I have read this entire document, that its terms, that <u>I am at least eighteen (18) years of age</u> , that by signing it I am stantial legal rights I might otherwise have, and that I have signed it knowingly and
Date:	
Signature:	
Name Printed:	<u> </u>
Mustang ID#:	
NOTICE <u>: If</u> sign:	participant is under the age of 18, his or her parent or legal guardian must
legal guardiar provisions of above, and I	ame), am the parent or n of the participant who has signed above. I have read and I understand the this document, I consent to the participant taking part in the activities described fully enter into and agree to the above Waiver of Liability, Release, and on Agreement.
Signature of P	Parent or Legal Guardian (date)

arise out of, occur during, or are in any way connected with my participation in

Please return this form to Christy Johnson in Business Services before the traveling happens. Any question please contact me at 507-537-6118.