



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND  
INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT

**Adult's Form for Volunteer or Leader**

By my signatures below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks involved in participating in

**South Dakota 4-H Horse Program**

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 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 participation in the activity listed above;
3. Consent to receive any medical treatment deemed advisable during participation in the activity listed above; and

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 of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Address \_\_\_\_\_

Date \_\_\_\_\_

Safety Trainer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Educator's Signature \_\_\_\_\_ Date \_\_\_\_\_

This copy to be on file in County Extension Office