

**MINOT STATE UNIVERSITY - BOTTINEAU
WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE
CLASS ACTIVITIES**

To be signed by adults participating in the event (to be used for groups, classes, and activities that present a higher exposure/risk to the college such as archery classes, field trips, HPE, etc.).

Acknowledgment and Assumption of Risk

I am aware of the dangers and the risks to my person and property involved in participating in:

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I voluntarily elect to participate in this activity with knowledge of the danger involved, and I hereby agree to accept and assume any and all risks of property damage, personal injury, or death.

Waiver of Liability and Indemnification:

In consideration for being allowed to voluntarily participate in the above-referenced event, on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I hereby:

a. **Waive, release and discharge the State of North Dakota** and its agencies, officers, and employees from any and all liability for my death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of my participation in the activity or event; and

b. **Indemnify, save, and hold harmless the State of North Dakota** and its agencies, officers, and employees of, from and against any and all claims of any nature including all costs, expenses and fees arising out of or resulting from my actions during this activity or event.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

*I, the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement. **I have read this form and fully understand that by signing this form I am giving up legal rights** and/or remedies that may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

READ BEFORE SIGNING

CLASS ROSTER

	*WAIVER SIGNATURE	DATE	PHONE NUMBER	PRINT NAME
1.	*			
2.	*			
3.	*			
4.	*			
5.	*			
6.	*			
7.	*			
8.	*			
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