

**PARENT'S OR GUARDIAN'S AGREEMENT OF
WAIVER OF LIABILITY, INDEMNIFICATION,
AND MEDICAL RELEASE**

To be signed by authorized adults for event participants under 18 years of age.

Name of Event:	Location: Minot AFRC
Dates:	
Minor's Name:	Minor's Age:
Parent or Guardian's Name:	

The undersigned parent and/or legal guardian does hereby acknowledge that he/she is aware of the dangers to his/her minor child when said minor participates in the above event.

The undersigned parent and/or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees on behalf of the participant and his/her personal representatives, heirs, next of kin, successors and assigns, to:

- a. Waive, release and discharge the state of North Dakota and its agencies, officers, and employees from any and all liability for participant's death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to participant and his/her estate as a direct or indirect result of participating in the activity or event; and
- b. Indemnify 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 as a result of any of participant's actions during this activity or event; as well as all claims or rights of action for damages which the said minor has or may hereafter have, either before or after he/she reached his/her majority.

The undersigned further consents to and authorizes medical treatment to the participant 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, acknowledge that I have read and understand the above.

Signature: _____ Date: _____

Witness: _____ Date: _____