

**WAIVER OF LIABILITY, INDEMNIFICATION,
AND MEDICAL RELEASE**

To be signed by adults participating in the event.

Name of Event:	Location: Minot AFRC
Date (s):	
Name of Individual:	

The undersigned is aware of the dangers and risks associated with participating 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 participant's 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 participating 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, acknowledge that I have read and understand the above Waiver, Indemnification and Release.

Signature: _____ Date: _____

Witness: _____ Date: _____