

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

By our signatures below, we acknowledge that we are aware of, appreciate the character of, and voluntarily assume the risks involved in participating in the **Oahe Days Raft Race.**

By our signatures below, on behalf of ourselves, our heirs, next of kin, successors, in interest, assigns, personal representatives, and agents, we hereby:

1. Waive any claim or cause of action against and release from liability the Pierre Jaycees, South Dakota Jaycees, US Jaycees, Junior Chamber International, Oahe Days Community Event, their officers, agents, and volunteers for any liability for injuries to person or property resulting from participating in the activity listed above;
2. Assume all responsibility for and all risk of damage or injury that may occur from participation in the activity listed above;
3. Agree to indemnify and hold harmless the Pierre Jaycees, South Dakota Jaycees, US Jaycees, Junior Chamber International, Oahe Days Community Event, their officers, agents, and volunteers for any claims, causes of action, or liability to any other person arising from participation from the activity listed above;
4. Consent to receive medical treatment deemed advisable during my participation in the Oahe Days Raft Race.

**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 RIGHT BY SIGNING IT AND HAVING SIGNED IT FREELY AND VOLUNTARILY AND WITHOUT 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: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I HAVE READ AND FULLY UNDERSTAND THIS RELEASE**