

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND  
INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT**  
**Rushmore National Music Camp,**  
**August 1-6, 2021**  
**August 8-14, 2021**

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 State of South Dakota, its officers, employees, and agents for any liability for injuries to 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
4. Acknowledge that we are signing below as a minor child and as the parent of legal guardian of the minor child named below.

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.

Minor's Name _____	Date of Birth _____
Signature _____	Address _____
Date _____	_____

By my signature below, I certify further that my child has permission to participate in the Rushmore National Music Camp August 1-6, 2021 August 8-14, 2021. I certify that he/she is covered by our family health insurance policy. I hereby acknowledge that no camp insurance is provided.

Parent/Guardian's Name _____	Date of Birth _____
Signature _____	Address _____
Date _____	_____

**EXHIBIT G**

**9-7 04/2016**