



C.R.A.S.H. -- Car Repair And Safety Help Clinic for TEENS (age 13-18)!

When: Saturday, April 29, 2017
8am to noon

Where: Sioux Empire Safety Village
W.H. Lyons Fairgrounds on North end in Armory Bldg.

How much: \$25.00 (Financial Assistance Available)

RSVP: 605-334-7233 by April 24, 2017 (visit safetyvillage.org for details)

Registration Required. Limited spots available. **CALL TODAY!**
* T-shirt, snacks and fun prizes!

RSVP by April 24. Call 334-7233 to register today or mail form with payment to: PO Box 90612, Sioux Falls, SD 57109

Parent Name: _____

Address: _____

Email: _____

Phone: _____

Payment: Check (mail form with payment to: PO Box 90612, Sioux Falls, SD 57109)

or Credit Card # _____ Exp _____

CVV code _____ Zip _____

Child Name: _____

Age: _____ T-Shirt size: _____

How did you hear about our event? _____

Mail to: PO Box 90612, Sioux Falls, SD 57109; Fax: 605-334-7238;
Email: info@safetyvillage.org

C.R.A.S.H. - Car Repair And Safety Help

Waiver of Liability, Indemnification, Medical Release, Photo and Video Consent

The camp/clinic is facilitated by the Sioux Empire Safety Village and utilizes employees of the city of Sioux Falls, both Police and Fire Departments and other local business partners. Our goal is to educate while keeping children safe. I am aware of the dangers involved in participating in Sioux Empire Safety Village C.R.A.S.H. event.

On behalf of myself, my executors, administrators, heirs, next of kin, successors, and assigns, I hereby:

1. Waive, release, and discharge the Sioux Empire Safety Village and its Board of Directors, event partners and the City of Sioux Falls and its officers, agencies and employees from any and all liability for my death, disability, bodily injury, property damage, property theft, or actions of any kind which may hereafter accrue to me in my estate; and
2. Indemnify and hold harmless the Sioux Empire Safety Village, the event partners, City of Sioux Falls, and its officers, agents, and employees from and against any and all liabilities and claims made by other individuals or entities as a result of any of my actions during this activity or event.
3. 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.
4. Consent is hereby granted to the Sioux Empire Safety Village, Event partners, City of Sioux Falls and the Sioux Falls Police and Fire Departments for use of photographs, videos, slides, and television participation involving my child with or without association to the child's name. These may appear in various electronic or print publications, web pages, presentations and/or television programs that include my child while participating in the Sioux Empire Safety Village's event.
5. This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.
6. I, the undersigned participant, acknowledge that I have read and understand the above release.

Child's Name _____ Age _____

Parent's Name _____

Parent's Signature _____

Please return to the Sioux Empire Safety Village by April 24, 2017

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