

Background Check Authorization

CHECK ONE: M-2 W-2 Volunteer Special Event Visitor Clergy Vendor/Contractor Tour Other

Last Name First Name MI Social Security Number

Maiden /Alias Names:

Street Address/P.O. Box City State Zip Code

Home Telephone Number Work Telephone Number Cell Phone Number (optional)

Date of Birth Driver's License Number # State Issuing Driver's License

I hereby authorize the South Dakota Department of Corrections, or its designated agents and representatives to obtain and review my criminal background. I certify that the information given by me is true, complete and correct, to the best of my knowledge and belief and made in good faith.

The DOC and its designated agents or representatives shall maintain all information received from this authorization in a confidential manner in order to protect the my personal information, including, but not limited to, addresses, social security numbers and dates of birth.

Signature of Applicant Date Staff Signature Date

Printed Name Printed Name

FOR OFFICE USE ONLY: Background Check Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Printouts)			
Special Security/Major Signature	Date	Deputy Warden/Designee Signature	Date
Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

DOC RELEASE AND WAIVER OF LIABILITY

By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks associated with being on DOC property, or participating in DOC activities within the following facilities:

South Dakota State Penitentiary, Jameson Prison Annex, Mike Durfee State Prison, Yankton Community Work Center, Rapid City Community Work Center, South Dakota Women's Prison or Pierre Community Work Center

I understand that risks associated with such entry and/or participation in DOC activities include, but are not limited to, bodily injury, property loss or damage and death.

By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I 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 my person or property resulting from such entry and/or participation in DOC activities;

2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, demands, expenses, judgments, fees and costs of whatever kind or character arising from, by reason of, or in connection with my entry to a DOC facility or participation in DOC activities.

I have carefully read this RELEASE AND INDEMNITY AGREEMENT, or had it read to me in a language I fully understand, and I understand all of the terms. I understand I have given up substantial rights by signing this agreement and that it is the intention of the parties that the State and its officers, agents and employees shall not be liable or in any way responsible for injury, damage, liability, loss or expense resulting to me due to accidents, mishaps, misconduct, negligence or injuries. My signature below has been made freely and voluntarily without any inducement, assurance or guarantee being made.

Name:

Date of Birth:

Signature:

Address:

Date: