

## DOC ACCESS APPROVAL

*These instructions **ONLY** apply to the Media and Tours*

### INSTRUCTIONS

- ✓ Access to DOC facilities will normally be limited to those people who have a governmental, legal, educational, security, or business interest in that facility.
- ✓ The DOC Access Approval and Release of Waiver and Liability form must be submitted to the Warden, Director or Superintendent of the institution at least five (5) working days prior to the requested access date.
- ✓ Access will normally be scheduled Monday - Friday from 8 AM to 3 PM, excluding holidays.
- ✓ Every effort is made to honor an approved access; however, an emergency situation may prevent a scheduled entrance.
- ✓ Groups must be of a manageable size, normally no greater than fifteen (15) people.
- ✓ All entrants normally must be at least eighteen (18) years old.
- ✓ Prospective entrants may be subject to a background check prior to being allowed access to a DOC facility.
- ✓ Media representatives and tour participants are required to complete a DOC Release and Waiver of Liability form prior to entering the security perimeter.
- ✓ An immediate family member of an offender or a person on an offender's visit list (except M2/W2 sponsors) will not be allowed to enter a DOC facility.
- ✓ All entrants must bring a picture ID with them.
- ✓ Cameras and any kind of recording device cannot be brought into the facility without prior approval from the Secretary of Corrections, or the DOC Communications and Information Manager, and the Warden, Director or Superintendent.
- ✓ Entrants will be denied access to the facility if they are not properly attired. Shorts, mini skirts, halter, tube or tank tops, and revealing/see through clothing are among those items not suitable for wearing in a DOC facility.
- ✓ Entrants are asked to lock purses, backpacks, medication, any potential weapons (e.g. jackknives) and tobacco products in their vehicle prior coming in a DOC facility.



## DOC RELEASE AND WAIVER OF LIABILITY

*Use ONLY for Pink, Orange and Green ID Cards (See DOC Policy 1.1.D.3 for Details)*  
(Valid for One Year)

By my signature below, I acknowledge that I am aware of, appreciate the character of and voluntarily assume the risks involved in participating in work, a religious activity, a cultural activity, a tour or some other activity that requires admission inside the security perimeter of each or all the following:

the South Dakota State Penitentiary or Jameson Prison Annex, Sioux Falls, South Dakota; Mike Durfee State Prison, Springfield, South Dakota; South Dakota Women's Prison, Pierre, South Dakota; or any and all subsidiary facilities or operations of the South Dakota Department of Corrections.

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 my 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 my participation in the activity listed above; and

3. Consent to receive any medical treatment deemed advisable during my participation in the activity listed above.

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 A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Name:

Date of Birth:

Signature:

Address:

Date: