

### 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 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:  Yes  No (Attach Printouts)

Special Security/Major Signature                      Date                      Associate Warden/Designee Signature                      Date  
Approved:  Yes  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, Sioux Falls Minimum Center, Mike Durfee State Prison, Yankton Minimum Center, Rapid City Minimum Center, South Dakota Women's Prison, or Pierre Minimum 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:			