

**MINOR RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT
(READ CAREFULLY BEFORE SIGNING)**

IN CONSIDERATION OF the COMFORT INN & SUITES SANFORD SPORTS allowing the below MINOR to occupy a room without a legal guardian or adult in the room EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs, and next of kin and on behalf of the MINOR agrees that:

1. THE MINOR AND PARENT OR GUARDIAN HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY and DEATH due to any acts that occur at the COMFORT INN & SUITES SANFORD SPORTS whether such acts are the result of the negligence or intentional acts of others or of the Releasees (as identified below) or otherwise, while the MINOR is in or upon the COMFORT INN & SUITES SANFORD SPORTS property. The undersigned recognize and understand that there are risks and dangers associated with a minor child traveling alone and fully accept responsibility for allowing the MINOR to travel alone.
2. THE MINOR AND the MINOR'S PARENT OR GUARDIAN release, waive, discharge, and covenant not to sue the COMFORT INN & SUITES SANFORD SPORTS, its directors, officers, agents and employees for all purposes referred to herein as the "Releasees", from all liability to MINOR, the undersigned, their personal representatives, assigns, executors, heirs, and next of kin, for any and all claims, demands, losses or damages to the MINOR including, but not limited to the death of the MINOR.
3. THE PARENT AND/OR GUARDIAN HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS, the COMFORT INN & SUITES SANFORD SPORTS and/or Midwestern Hospitality Management, LLC from any loss, liability, damage, or cost they may occur due, in any manner or degree to the presence of the MINOR in the COMFORT INN & SUITES SANFORD SPORTS whether caused by negligence of the Releasees or otherwise. The parent and/or guardian further recognize and agree they are executing this WAIVER and Release of Liability and Indemnity Agreement on behalf of themselves and on behalf of the MINOR.
4. The release and Waiver of Liability, Assumption of Risk and Indemnity agreement extends to all acts of by the Releasees or others whether intentional or negligent and is intended to be as broad and inclusive as is permitted by the laws of the South Dakota and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect.
5. THE PARENT AND/OR GUARDIAN hereby also agree that the laws of the South Dakota and the jurisdiction of the courts of in the Sioux Falls will govern this waiver and any claims or actions that arise from it and from the MINOR staying at the COMFORT INN & SUITES SANFORD SPORTS.
6. THE PARENT AND/OR GUARDIAN represent that they have appointed _____ as the person who can make any decisions for and on behalf of the MINOR in the absence of the PARENT AND/OR GUARDIAN.

THE PARENT OR GUARDIAN HAS READ AND VOLUNTARILY SIGNS THE WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT AND DOES SO VOLUNTARILY AND WITH THE UNDERSTANDING THAT SUBSTANTIAL RIGHTS ARE BEING GIVEN UP. I/WE FURTHER ACKNOWLEDGE THAT FAILURE TO WITNESS OR NOTARIZE THIS AGREEMENT SHALL NOT AFFECT ITS VALIDITY.

Unless one parent has court ordered sole custody of the MINOR, both parents are required to sign.

Father/Mother/Guardian
(Circle One)

Parent or Guardian (Signature) _____ Date

(INITIAL) I represent that I have sole legal custody or am the sole parent/guardian

Father/Mother/Guardian
(Circle One)

Parent or Guardian (Signature) _____ Date

Name _____ Cell: _____ Relationship: _____

Printed Name of MINOR _____ D.O.B. _____

Printed Name of Parent(s) or Guardian: _____

In the unlikely event of an emergency and/or the minor involved and/or causing problems at the COMFORT INN & SUITES SANFORD SPORTS, whom shall we contact?

Name _____ Cell: _____ Relationship: _____

Credit Card Authorization Form

Personal Information:

Name: _____

Individual for Payment

Address: _____

Cell: () _____ Fax: () _____

Onsite Contact Person: _____

Credit Card Information:

Credit Card Type: _____ Exp Date: _____

Credit Card Number: _____

Cardholders Name: _____

Authorized Signature: _____

Credit Card Billing Address: _____

Charges:

Date of Event: _____

Name of Group/Guest: _____

Types of Charges Allowable: (Please Indicate)

Room & Tax _____ Phone _____ Restaurant/Room Service: _____

In completing this credit card authorization form, _____ (Name of Cardholder) hereby authorizes the COMFORT INN & SUITES SANFORD SPORTS to charge the guest room charges, any incidental charges as noted above, any room reservation cancellation charges that apply, as well as any cost for damages to the guest room or its contents that are a direct result of the actions of the named authorized users, without having to obtain any further authorization from the cardholder.

Please fill out this form and return it by fax or email scan with a **LEGIBLE front and back copy** of the credit card being used and a **LEGIBLE front and back copy** of the cardholder's driver's license.