

NATIONAL GUARD

AGREEMENT and AUTHORIZATION

In connection with my participation in the Rhode Island National Guard's Open House STEM event and activities at the 143d Airlift Wing and Quonset State Airport on 29 September 2023. I understand that participation is voluntary and that while care and attention will be given to the health and safety of the participants, the Rhode Island National Guard, the State of Rhode Island and the United States of America, their agents, servants and/or employees shall not be liable for injury sustained by me while participating in the event and related activities. I understand that participation in some of the event activities, such as rock wall climbing, climbing aboard aircraft, etc., should I choose to participate, involves risk of injury and I accept and assume sole responsibility and liability for such risks.

I hereby release, indemnify and hold harmless the Department of Defense, the U.S. Army, the U.S. Air Force, the Rhode Island National Guard, the State of Rhode Island, their agents, servants and/or employees of and from any and all claims, demands, damages, losses, expenses, attorneys fees, actions, causes of action, suits or judgments by or on my behalf, or by my heirs, executors, administrators, successors/ assigns, or any other person or persons on my behalf, arising from or in any way relating to harm, personal injuries or death, including but not limited to those resulting from negligence or fault of the entities or persons released, that I may sustain relative to my participation in the event and related activities. I understand that I may not participate in this activity if I have **any health related problems**, to include but not limited to, knee, ankle, back problems or heart problems. I certify that I am in good physical health and do not have any health-related reasons or problems which would preclude my participation in the planned activities, nor have I been advised not to participate in the planned activities by a qualified medical professional.

I hereby authorize the Rhode Island National Guard to secure such emergency medical advice and/or services as may be necessary for my health and safety and I agree to accept full financial responsibility for any such medical advice and services.

I understand that Rhode Island news media and the Rhode Island National Guard may view photograph and/or film portions of the event and related activities and interview participants. I authorize the use and/or publication of my photograph, image, quote and/or voice in connection with my participation in the event and activities.

I certify that I have read the above and I fully understand its content. I am aware that this is a release of liability and a contract and I sign it of my own free will:

Signature of Student / Parent or Guardian _____

Printed name _____

Phone Number _____

Date _____