

Waiver of Liability

The National High School Physical Fitness Championships INFORMED CONSENT AND WAIVER OF LIABILITY

This is a voluntary release of liability and complete assumption of risk. I hereby release U. S. Marines Youth Foundation (hereinafter "USMYF"), the United States Marine Corps, the Department of the Navy, the United States Government, Fort Indiantown Gap and all agencies and instrumentalities thereof, its agents, officers, servants, and personnel (hereinafter "the government"), from any and all liability, claims, demands and actions whatsoever resulting from my presence on Fort Indiantown Gap (FTIG), utilizing FITG facilities or my involvement in this event.

This release applies to myself, and to my parents, spouse, children, guardian, executors, future heirs, assigns, creditors, and administrators. This release of liability includes, but is not limited to claims based on negligence, both passive and active, of the government arising out of, or relating to any loss, damage, illness, death, or injury that may be sustained while on the Depot. This release also applies to all dangers inherently involved in the event in which I desire to participate. I understand that the risks involved in this visit include, but are not limited to, risks resulting from equipment, terrain, my personal physical condition, vehicles, other participants and lack of hydration.

Known risks aboard military installations include, but are not limited to: (1) injuries or death resulting from strenuous activities; (2) injuries or death resulting from recreational activities; (3) high volume of traffic by civilian and military vehicles; (4) interaction with animals, both wild and domestic; (5) significant distances from recreational areas to medical treatment facilities or hospitals; and (6) potentially hazardous training activities, including but not limited to, range firing, aircraft operations, and field maneuvers.

I hereby authorize emergency medical treatment in the event of injury or illness. I also authorize trained health care providers, including, but not limited to physicians, nurses, nurse practitioners, and hospital corpsmen, to administer routine and/or emergency medicines and treatments, as needed.

I understand that no special measures have been taken to specifically address the needs, tendencies, and care of minor children. I agree that this release applies, not only to myself, but also to my minor children who accompany me, and to any minor children entrusted to my care of guardianship.

I further state that I, _____ (PRINT NAME) have carefully read the foregoing release, know the contents thereof, and sign this release as my own free act, on behalf of myself and/or my children or children for whom I am authorized to act as legal guardian.

Date

Signature of Releaser (Relationship to participant)

Participant: _____

Witness Signature: _____