AGREEMENT TO PARTICPATE AND WAIVER OF LIABILITY

Robins Outdoor Recreation Program Agreement to Participate and Waiver of Liability

NOTE: Outdoor Recreation Program and its employees have done everything possible to ensure that your outdoor experience is worthwhile. Be advised that no activities or trip is risk free. The same elements that contribute to the unique character and fun of each activity/trip such as physical exertion or being outdoors can cause loss or damage to equipment, injury, illness, or in extreme cases, permanent trauma or death. This is not meant to discourage you from participating, but to inform you of the possible risks. Please carefully review and sign this form before registering for any Outdoor Recreation activity.

Name						
LAST		FIRST	M Initial	GRADE		
Is the minor 17 y	rears of age or unde	r? (check one)	YES NO	DOB		
E-mail address_						
Home Phone: ()		Work F	Phone: ()		
Emergency conta	act:		Phone:	()		
List all known all	lergies:					
List required med	dications:					
If you are allergic	c to bee stings, do y	ou have a bee	sting kit?	Do you wear c	ontact lenses?	
Have you ever h	ad, or do you have,	any of the fol	lowing (please circle	e all that apply):		
Diabetes	_		est Pain		Heart Attack (give date):	_
Asthma	_ 1		gh Blood Pressure art Murmur		Drug Allergic Reactions:	
Ериср бу		110	art Marmar			
List any medical	conditions we show	ıld be aware of	· 			
activities and use fractures, partial risks and dangers nature; (4) that the conditions, water activities; (5) that danger, and all re- agents, officers, (6)	e of related equipme and/or total paralys s may be caused by, nese risks may arise r level, risk of fallin t my participation is esponsibility for any	ent may result is, death or oth but are not lin from foreseea g or drowning s completely way losses and/or bins AFB Out	in injury or illness, in ner ailments that counited to negligence able or unforeseeable or other such risks roluntary; and, (6) the damages caused, w	including but not limit ald result in serious an of participants, neglig e causes including but , dangers or hazards that I HEREBY ASSUL hether in whole or in	(2) that my participation in these ed to, bodily injury, disease, strain d/or permanent disability; (3) that ence of others, accidents or forces not limited to, weather, road, trail, at are integral to outdoor recreation ME, by signing this waiver, all risk part, by the negligence or conduct States Air Force (collectively reference.)	these of , orriver on s, of the
out of, or resulting a result of my parenevertheless force prevails. I hereby any treatment needs	ng from, my participation in Outdo ed to defend my act grant permission f eded due to particip	pation in Outdoor Recreation tion, I agree to for 78th Force Spation in Outdo	poor Recreation active activities on behalf pay court costs and support Squadron to por Recreation active	ities. I also covenant r of myself or my deper l attorney's fees if 78 th release any medical in ities.	es, losses, injuries, and expenses a not to sue 78 th Force Support Squace indents. If 78 th Force Support Squace Force Support Squadron ultimated information to health care personne	dron as dron is dy d for
It is my intention wrongful death.	to exempt and relic I have read and und	eve 78 th Force lerstand the fo	Support Squadron f regoing and, by sign	rom any and all liabili ning this waiver, agree	ty for personal injury, property dan to participate under these terms.	mage, or
Signature:				Date:		
Signature Parent/	/Guardian of Minor	:		Date:		