

**WAIVER OF LIABILITY**  
*and*  
**COVENANT NOT TO SUE**

**ACTIVITY:**

**ORGANIZATION:**

I understand the activities I will be participating in include participating in the \_\_\_\_\_ I understand that the activity I am to be involved in has some risk of physical injury and inherent danger. The risk includes death or serious injury from falling off of the \_\_\_\_\_. Additional risks include, but are not limited to, broken bones, cuts/scrapes, pulled/strained muscles, head injuries, dehydration, or other injuries. As a condition of participating in the activities, I am willing to assume the inherent risk and dangers of the activities, both known and unknown. I agree that I will not participate in any event for which I am physically unable to complete, or do not want to participate in. I will openly disclose any unusual mental or physical conditions to the appropriate program instructors prior to my actual attendance or participation in the programs listed. I understand that I may not be permitted to participate in any particular event or program or I may even be excluded from all events or programs if the instructors determine that my participation would cause an unreasonable or unacceptable risk of harm to myself or others. I accept their discretion.

**WAIVER OF LIABILITY**

In consideration for being allowed to participate in the activity, I hereby release and hold harmless the UNITED STATES OF AMERICA, its agencies, and its covered activities from any liabilities or claims arising from my participation in the above activity. I will abide by the safety rules as set forth in the safety briefings provided and the instructions of the officers in charge.

**COVENANT NOT TO SUE**

Further, I agree that I will not ever prosecute or in any way aid in the prosecution of any demand, claim, or suit against the UNITED STATES OF AMERICA, its officers and agencies, and its covered activities, for any loss, damage, or injury to my person or property that may occur from any cause whatsoever as a result of taking part in the above activity.

**MEDICAL CARE CONSENT**

I do hereby consent in advance to whatever medical procedure or treatment is considered necessary in the best judgment of the attending United States Army medical personnel. In consideration for receipt of said medical care, I agree to hold the United States and all of its personnel harmless for any injuries which occur as a result of the presence or activities of said personnel.

I, \_\_\_\_\_, understand the risks inherent in participating in the aforementioned activities and want to participate in the activities.

PARTICIPANT'S NAME: \_\_\_\_\_

PARTICIPANT'S SIGNATURE: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN'S SIGNATURE (if participant is a Minor): \_\_\_\_\_

Date: \_\_\_\_\_