

Fort Indiantown Gap National Guard Training Center General Release Statement

Mentored Outdoor Recreation

Instructions

Every adult must fill out Section A. If minors or dependents are participating, then Section B must be completed.

General Liability Statement

In consideration for receiving permission to participate in activities at Fort Indiantown Gap, Pennsylvania (FTIG), I hereby **FULLY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS**, for any and all purposes, FTIG, U.S. Army, Department of Defense, Commonwealth of Pennsylvania and their respective officers, agents, volunteers and employees (collectively, the "Released Parties"), of and from any and all liability to me, my personal representatives, assigns, heirs and next of kin, for any damage to or loss of my property, any injury to my person, including death, arising directly or indirectly out of my participation in the activities, **INCLUDING ANY SUCH DAMAGE, LOSS OR INJURY THAT IS CAUSED BY ANY ACT OR OMISSION ON THE PART OF THE RELEASED PARTIES**. I further agree to **INDEMNIFY, DEFEND, AND HOLD HARMLESS** the Released Parties for, from, and against any and all liabilities, damages, claims, lawsuits, costs (including court costs, attorneys' fees and costs of investigation), and actions of any kind or description for any damage to or loss of property or injury to persons, including death, arising out of the activities at FTIG or my participation in the activities, **INCLUDING ANY DAMAGE, LOSS OR INJURY CAUSED BY ANY ACT OR OMISSION ON THE PART OF THE RELEASED PARTIES, INCLUDING ANY NEGLIGENT CONDUCT OF THE RELEASED PARTIES** but excluding any gross negligence or willful misconduct of the Released Parties.

By execution below I **HEREBY ACKNOWLEDGE** that there are inherent risks involved in this Volunteer Program and I **RECOGNIZE AND ASSUME** all of the risks associated with participation in the activities at FTIG. I **ACKNOWLEDGE THAT IT IS IMPORTANT THAT I VERIFY THAT I HAVE INSURANCE COVERAGE WHICH EXTENDS TO ME WHILE PARTICIPATING IN THE ACTIVITIES, AND THAT I SECURE SUCH COVERAGE IF I DO NOT ALREADY HAVE IT**. I understand that FTIG does not provide such coverage, and that no insurance coverage may exist through FTIG to cover any injuries or damages which I may sustain or claims which may arise as a result of my participation in the activities at FTIG. FTIG has been in use by the military for over 80 years. All types of training occurred all over FTIG. Finding, stepping, or driving on an Unexploded Ordnance (UXO) is possible. You, as the user, must always be alert to your surroundings. Alert staff of any potential UXO.

Media Release

I give FTIG and government the right to use my name, my still photo or video image, or my words (audio or text-based) in any media, for purposes of evaluation, activities, research, promotion, marketing, recruiting, fund raising, exhibits or any other lawful purpose. I waive any right to inspect or approve the use of any hard copy or electronic record that may appear in connection with such use. This release is for worldwide use.

Acknowledgement

I acknowledge and represent that I have read the foregoing, understand it, and sign it voluntarily as my free act and deed; no representations or statements have been made to me to induce me to execute this document. I execute this document for full, adequate, and complete consideration fully intending to be bound by the same, now and in the future.

Section A (adult information)

Activity: Mentored Outdoor Recreation with a minor. Mentor does not have to be a legal guardian

Location(s): Fort Indiantown Gap: Ranges, Training Areas, facilities and related.

Name: _____

10-digit Phone #: _____

Home, work, or cell (preferred)

MWR Outdoor

Recreation Permit number: _____

Address: _____

City: _____

State: _____

Zip: _____

Email: _____ (Email used only to announce Wildlife-related activities or other FOUO)

Signature: _____

Date: _____

Section B (minor information)

Declaration (minor):

Minors or individuals desire to participate in the activities stated above at his/her own risk. I state that child is in good health, physically fit to participate in this activity and has no known medical condition which could jeopardize his/her safety during participation in this activity or be aggravated by such participation.

Acknowledgement

I acknowledge and represent that I have read the foregoing, understand it, and sign it voluntarily as my free act and deed; no representations or statements have been made to me to induce me to execute this document. I execute this document for full, adequate, and complete consideration fully intending to be bound by the same, now and in the future.

Name of Child

/Minor:

Age: _____

Age: _____

Age: _____

Relationship to

Child/Minors: _____

Printed Name of Parent or Guardian if different than Mentor:

10-digit Phone #: _____

***Privacy Act and Policy**

All participants of activities at FTIG, technical assistance, and exercises are advised that disclosure of a Social Security Number (SSN) is optional. A participant's SSN or personal information will not be disclosed to any other person(s) without the participant's prior written consent. Personal data is solicited under Authority 10 USC 3012 and Army Regulation (AR) 27-40.