

# General Release Statement Fort Indiantown Gap National Guard Training Center

## Instructions

Every adult must fill out **Section A**. If minors or dependents are participating, then **Section B** must be completed. If a privately owned vehicle is being driven in restricted access areas then **Section C** must be filled out by the driver.

## 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:** June and July 2017 Grassland and Butterfly Tour

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

**Location:** USO Liberty Center, R30, B12A, C5A, R23A&E, other areas escorted by Wildlife and Post Staff

Name: \_\_\_\_\_

10-digit Phone #: \_\_\_\_\_

Home, work, or cell (preferred)

Email: \_\_\_\_\_ (Email used only to announce Wildlife-related activities)

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Person to notify in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_

10-digit Phone #: \_\_\_\_\_

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## Section B (minor information)

### Declaration (minor):

My child or children desire to participate in the activities stated above at his/her own risk. I state that my 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.

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Name of Child

/Minor:

\_\_\_\_\_

Age: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_

Relationship to Child/Minors: \_\_\_\_\_

Printed Name of

Parent or Guardian: \_\_\_\_\_

10-digit Cell Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## Section C (Privately-owned vehicle information)

### Declaration (vehicle):

I authorize the use of my privately owned vehicle in a training event or other activity at FTIG. The use of my privately owned vehicle by my unit and the Pennsylvania National Guard is undertaken at my own risk.

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Printed Name: \_\_\_\_\_

10-digit Cell Phone #: \_\_\_\_\_

Vehicle Make and Model: \_\_\_\_\_

Year: \_\_\_\_\_

Color: \_\_\_\_\_

License Plate: \_\_\_\_\_

State: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Signature: \_\_\_\_\_

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

### \*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.