

Outdoor Recreation Program Participation Liability Release Form

THIS IS A LEGAL DOCUMENT: Please read and understand this document before signing. If you have any questions, please ask or consult an attorney. I will accept full responsibility for my physical and mental health, and for the condition of my personally owned equipment, resulting from participation in with the: Edwards AFB Outdoor: Recreation: (ODR) Program. I will make no misrepresentations to the ODR activities manager regarding my age, ability or experience. (Please initial)

I understand that this is a HAZARDOUS activity: I also understand that Transportation has inherent risks and other risks of injury to any part of my body that reasonable care, caution, instruction, and expertise cannot eliminate. I further understand that injuries are common and ordinary occurrences during this activity: I hereby, freely; voluntarily, and expressly ASSUME and ACCEPT any and ALL RISKS of any injury to any part of my body while taking part in this activity. (Please Initial)

I hereby forever release the U.S. Government, the EAFB ODR program, all volunteer, contract, and employed personnel associated with conduct of this, activity from, and hold it harmless for, any and all responsibility or legal liability for any injury or damages caused by the NEGLIGENCE of the U.S. Government, the EAFB ODR. program, all volunteer, contract, and employed personnel associated with conduct of this activity. I agree NOT to make a claim against or sue the U.S. Government, the EAFB ODR program, all volunteer, contract, and employed. personnel associated with conduct of this activity for any injuries or damages relating to this activity and accept full responsibility for those injuries or damages. (Please Initial)

PICTURE/MEDIA RELEASE -EAFB ODR requests your permission to us all pictures, video or other media content obtained on this trip for future marketing or use in the ODR department.

ALLOW DO NOT ALLOW (Please Initial)

Do you have any medical conditions we should be aware of? Y e s N o (Please Initial)

If yes; Please list:

Do you have any allergies? Yes No

If yes; Please list:

I have carefully read this agreement. I am aware that this is a legal, binding contract which provides a comprehensive release of liability. However, it is not intended to assert any claims or defenses that are prohibited by. law:

Participant's Printed Name Participants Signature Date

Parent or Legal Guardian's Signature if participant is under 18 years of age

Emergency Contact:
Name Address Tel. Number

PRIVACY AC7 STATEMENT - this publication requires the collection and or maintenance of information protected by the Privacy Act (FAT of 1214. Privacy Act and AFI 33-332, Air Force Privacy Act Program. AFI 33-332, Air Force Privacy Act Program is. available online at: <http://wy.defenselink.mil/privacy/notices/usaf>