## JROTC Contract of Release and Waiver of Liability Agreement (Agreement)

PRIVACY ACT STATEMENT

This information is collected pursuant to 5 USC 301. The purpose of this information is to form a legally binding release agreement. The
information will be used to evaluate and defend potential claims against individuals concerned and the United States Government. The
information could ultimately be used in civil litigation and in preparation for litigation. Supplying this information is voluntary; however, failure to
provide the information could result in a denial of permission to participate in the events stated below.

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Event Name (Event):School Name (School):	Event Date: State (State):	
I am under 18 years old) acting in my own capac guardians, executors, administrators, subrogees States, U.S. Army, U.S. Army Cadet Command, and employees from any liability, claims, court a property damage or other loss which I may suf	d, (and my undersigned Guardian(s) and/or parent(s) if ity and on behalf of myself, my heirs, children, wards, , assigns, and estate, do hereby release the United State, School, and its officers, organizations, agents, ctions, or causes of action for personal injury, death, fer that relate or pertain to or arise from, directly or nd from the Event. I understand and hereby accept the	
statutes and regulations of the United States, inclu- of Defense, Department of the Army, and U.S. A	all be governed and interpreted in accordance with the ding but not limited to the regulations of the Department Army Cadet Command, federal law, including but not w is incorporated as federal law, by the State laws.	
the Event shall be brought before and resolved	her action arising from or pertaining to participation in before the appropriate Federal administrative and/or en it shall be brought in the appropriate State forum, subject matter jurisdiction in another forum.	
and hospitalization insurance or other financial a treatment, hospitalization, and/or emergency med (and my Guardian(s) and/or parents) acknowledg	t to the best of my knowledge I am covered by medical assurance mechanism which will cover medical care, lical transportation which may arise during the Event. It is that participation in the Event does not entitle me to cost payment by the United States, Department of det Command, State, or School.	
Cadet Command, State, School, and its officers, of any and all claims, demands, rights, and cause including without limitation claims for subrogation,	emnify, and hold harmless the U.S. Army, U.S. Army organizations, agents, and employees from and against so of action of any kind, whether known or unknown, indemnity, contribution, or lien of any kind, or for fees, relate or pertain to or arise from, directly or indirectly, the Event.	
	ver of Liability Agreement voluntarily and accept being plete consideration for my entry into this Agreement.	
PARTICIPANT NAME	PARENT/GUARDIAN NAME	
PARTICIPANT SIGNATURE	PARENT/GUARDIAN SIGNATURE (If Participant is Under the Age of 18)	

DATE

WITNESS NAME

DATE

DATE

WITNESS SIGNATURE