

Release and Waiver of Liability Agreement

I, _____ (participant), acknowledge that I have voluntarily requested to participate in the following activities with the North Dakota Army National Guard, Recruit Training Company. I understand that I must have a current medical insurance plan and may provide proof of medical insurance to attend this program.

I AM AWARE THAT THE ABOVE DESCRIBED ACTIVITIES ARE HAZARDOUS ACTIVITIES, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE.

I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____

PARENT OR GUARDIAN'S INITIALS IF UNDER AGE 18: _____

As consideration for being permitted by the North Dakota Army National Guard, and the State of North Dakota to participate in these activities and use their facilities, I hereby agree that I, my assignees, heirs, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of the North Dakota Army National Guard, the State of North Dakota or any of their affiliated Representative for injury or damage resulting from the negligence or other acts, however caused, by any employee, agent or personnel of the North Dakota Army National Guard and the State of North Dakota or any of their affiliated organizations as a result of my participation in the activities described above. I forever release the North Dakota Army National Guard, the State of North Dakota and any of their affiliated organizations and Representative from any and all action, claims, or demands that I, my assignees, heirs, guardians, next of kin, servants, spouse and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the activities described above.

JUVENILE'S ONLY: I _____ the lawful Parent / Guardian hereby authorize the North Dakota Army National Guard, State of North Dakota or Designated Representative to make any and all Medical Decision for the care and well being of my son/daughter while in the custody of the North Dakota Army National Guard, State of North Dakota or Representative.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE NORTH DAKOTA ARMY NATIONAL GUARD AND THE STATE OF NORTH DAKOTA AND/OR THEIR AFFILIATED ORGANIZATIONS AND SIGNS IT OF MY OWN FREE WILL.

Executed on ____/____/____

PARTICIPANT/RELEASER

PARENT OR GUARDIAN

(Must sign for participants under age 18)

(Full Name)

Signature_____

Signature_____

Emergency Phone Number_____

I, _____, Rank: _____, Area NCOIC, Recruiting and Retention Command, North Dakota Army National Guard, am aware that the above participant is attending the Recruit Training Company located at _____. The participant was briefed by the Sponsoring Recruiter that he/she must provide and have in his/her possession at all times the following items; Picture ID, Medical Insurance Card, and a copy of this Waiver of Liability. The participant was briefed, has the knowledge of the possible danger involved and agrees to assume any and all risks of bodily injury, death, or property damage

Area Recruiter

Area NCOIC

Name, Rank, Duty Position

Name, Rank, Duty Position

Signature: _____

Signature: _____