

RELEASE INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of being allowed to participate in a Civil Air Patrol Encampment (13-23 Jun 2019) and/or RCLS (10-15 Jun 2019) at Barksdale AFB, Louisiana / Camp Minden, and sponsored by the United States Air Force, I hereby agree to assume full responsibility for my own safety and indemnity, save and hold harmless the Government of the United States and of its employees and agents, acting officially or otherwise, from any and all liability, claims, demands, actions, debts, and attorney fees arising out of, claimed on account of, or in any manner predicated on a loss or damage to the property of and injuries to, or death of any persons whatsoever, which may occur resulting from my presence within the limits of Barksdale AFB in connection with the aforesaid program, do hereby waive forever any demands or claims thereof.

Date

Signature of Participant

Printed Name of Participant

Parent or legal guardian must sign for all participants under the age of 18

Address

Home Phone

Work Phone

Cell Phone

Any Additional Contact Information

Date

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

Witness to Parent/Guardian Signature

Printed Name of Witness

**You must obtain all signatures as indicated. Witnesses for parent signatures may not be a member of CAP, and must be over the age of 21.
Parents cannot witness each other's signatures!**

**DEPARTMENTS OF THE ARMY AND AIR FORCE
HEADQUARTERS, LOUISIANA NATIONAL GUARD
OFFICE OF THE ADJUTANT GENERAL
JACKSON BARRACKS NEW
ORLEANS, LA 70146-0330**

**LIABILITY WAIVER (HOLD HARMLESS AGREEMENT)
USE OF LOUISIANA NATIONAL GUARD MILITARY FACILITIES**

For and in consideration of the use of Military facilities and the ROPES Course at Camp Villere, Camp Minden, Camp Beauregard, or Gillis Long (Carville) Center, for the below listed agency, the undersigned does agree to release, waive, indemnify, exonerate, hold harmless and defend the State of Louisiana, Louisiana National Guard, Louisiana Military Department, its agents, servants, employees or other representatives for any claims, demands and causes of action (including defense costs and attorneys fees) arising out of or pertaining to any loss, damage, injury or death sustained by the undersigned, the undersigned's children or family and caused by any negligent act or act of omission, or negligent breach of duty related to the event identified above. This release and document applies whether or not any claim, demand, action, or suit is based on or alleged to be based on or in part, the negligent act or act of omission, or similar conduct of those parties hereby released and indemnified.

The undersigned does hereby assume all risks and hazards incident to or attendant with participation in the event identified above. The undersigned hereby acknowledges that they possess adequate personal/family medical and hospitalization insurance coverage in case of bodily injury.

Louisiana Wing, Civil Air Patrol
Requesting Agency

Participant's Printed Name

Parent or Guardian's Signature

Participant's Signature

Date

Participant's Address

Witness Signature

Participant's Phone Number

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Supplemental Release Agreement

PARTICIPANT

KNOW ALL PERSONS BY THESE PRESENTS that I am submitting my application for Civil Air Patrol Encampment and/or RCLS and I hereby volunteer entirely upon my own initiative, risk, and responsibility for an assignment to participate in this encampment and with full knowledge that such activity may include:

1. Traveling by land, sea, or air in US military, commercial, or privately owned vehicles from regular place of residence to the site of the encampment, travel incident to the encampment and subsequent return to place of residence.
2. Participation in aeronautical activities as a passenger or student trainee in US military, commercial, or privately owned aircraft.
3. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions.
4. Being quartered and/or subsisting away from regular or normal place of resident for an extended period of time.
5. Remaining with the cadet group I am assigned to at all times during the encampment.
6. Acting as a spokesperson for Civil Air Patrol, rendering reports on the encampment.
7. Refraining from argumentative discussions concerning governmental policies.

In consideration of the permission extended to me by the Civil Air Patrol/United States of America through its officer and agents to participate in said encampment, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said encampment or continuances thereof, as well as all ground and flight operations incident thereto.

Signature of Participant _____

_____ Date

PARENTS OR GUARDIANS OF APPLICANTS UNDER AGE 18

KNOW ALL PERSONS BY THESE PRESENTS: WHEREBY my child has applied for the encampment referred to above, in consideration of the permission extended to my child by the Civil Air Patrol/United States of America through its officers and agents to participate in said encampment, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents, and employees acting as official or otherwise, from any and all claims, demands, actions or causes of actions, on account of the death or on account of any injury to my child which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said encampment or continuances thereof, as well as all ground and flight operations incident thereto. In addition, by my signature below, I certify the applicant:

1. Is my minor child or ward.
2. Has no history, injury, or disease which might be affected by this activity except those previously noted in the Medical Information section of this form.
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., the encampment commander, or other staff members. If not following the above mentioned rules, regulations, and directives he/she may be sent home at the discretion of the encampment commander or activity director at my expense.

However, in case of injury, disease or other illness, permission is hereby granted to treat the applicant as required, and if the applicant is released from activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.

_____ Date

Signature of Father / Guardian _____

Signature of Witness _____

Signature of Mother / Guardian _____

Signature of Witness _____

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