

RELEASE AND HOLD HARMLESS AGREEMENT
CUB SCOUTS SCHOFIELD DAYS EVENT
27-28 DECEMBER 2017
SCHOFIELD BARRACKS, HI

I, (Print Full Name) _____ the parent or legal guardian of

(Print Child's Full Name) _____, voluntarily participate in, or give permission for the above child to participate in the activities that will be conducted at the Cub Scouts Schofield Barracks Day on 27-28 December 2017 at Schofield Barracks, HI. By signing this document, I acknowledge that I am aware of the risks posed by my, or the above child's, participation in the scheduled activities including, but not limited to, rappelling on forty-five degree training ramps, crossing rope bridges, viewing static displays of military vehicles and weapons and using camouflage paint. I understand the nature of the potential activities and certify that I, or the above child, am/is physically and mentally qualified and capable to successfully participate in such activities. In consideration for the privilege in participating in the Cub Scouts Schofield Barracks Day, a benefit I, or the above child, will receive, I agree to release and hold harmless the United States Government from any injuries that I, or the above child, may suffer incident to or arising out of participating in this event. Specifically, I agree to release and hold harmless the United States, its officers and its agents from any and all liability and claims for personal injuries that may arise or be incident to my, or the above child's, participation in this event. Further, I agree to release and hold harmless the United States, its officers and its agents against any claims, demands, actions, debts, liabilities, judgments, costs or attorney's fees arising out of a claim on account of, or in any manner predicated upon my, or the above child's, use of Schofield Barracks facilities and/or equipment including, but not limited to any injury or death of any person, in any manner, caused or contributed to by the United States, its officers, or its agents.

Executed this _____ day of _____, _____
Day Month Year

Child's Printed Name

Parent/Guardian's Printed Name

Street Address

City, State

Zip

Home Telephone Number

Work Telephone Number

Mobile Number

Parent/Guardian's Signature

Witness