

# CHILD'S RELEASE AND HOLD HARMLESS AGREEMENT

(Must be Signed by Parent or Guardian)

1. **PRIVACY ACT STATEMENT:** Personal data is solicited under authority of 10 USC 3012 and AR 27-40. The information is for use to determine eligibility for voluntary participation in activity of the \_\_\_\_\_ in the area of Fort \_\_\_\_\_

(Name of Organization)

Indiantown Gap. Disclosure of requested information is voluntary, but failure to disclose all or any part of it may result in denial of permission to participate in such activities scheduled for: \_\_\_\_\_

(Date)

## 2. PERSONAL DATA:

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
First Middle Last

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Person to be notified in case of emergency \_\_\_\_\_

Relationship to Child \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(If different than above)

TELEPHONE Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

3. **DECLARATION:** My Child desires to participate at his/her own risk in the activity described above. I have been informed and fully realize that there are inherent risks and dangers associated with this activity and that injury could result from my child's participation. However, I knowingly and willingly wish them to participate in this activity. I represent that I will take all safety precautions necessary thereto, assuming sole and full personal responsibility for ensuring that all reasonably foreseeable safety requirements are met to my personal satisfaction prior to my child's active participation in such activity. I state that my child is in good health, physically fit to engage in this activity, and has no known medical condition which could foreseeably jeopardize his/her safety during such participation or be aggravated by such participation. As a condition precedent to my child being permitted to engage or participate in such activity, I, on behalf of my child, hereby forever release, acquit, discharge, indemnify and hold harmless the United States, the Commonwealth of Pennsylvania, their agents, officers, and employees from any and all causes of action, including personal injury, illness, death, and property damage, costs, charges, claims, demands and liabilities of whatever kind, name or nature in any manner arising out of or in connection with my child's participation in the indicated activity. This is not a waiver of any medical benefits or treatment which my child is entitled to receive as a family member of a soldier. I understand and agree that I may be held liable for any damage or loss to the United States Government or the Commonwealth of Pennsylvania that is caused by my child's negligence, willful misconduct, or fraud while participating in this activity. I further understand that any and all buildings at Fort Indiantown Gap may contain lead paint and/or asbestos and willfully accept any responsibility or possible danger associated with those elements. Since my child is under the age of 18, I consent to having him/her participate in this activity.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian