

RELEASE AND HOLD HARMLESS AGREEMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT. PLEASE READ CAREFULLY.
THIS IS A LEGALLY BINDING DOCUMENT AND YOU ARE GIVING UP
IMPORTANT LEGAL RIGHTS.

1. **PRIVACY ACT STATEMENT:** Personal data is solicited under authority of 10 U.S.C. 3012. The information is for use to determine eligibility for voluntary participation on _____ at Camp Butner Training Center. 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 _____.

2. PERSONAL DATA:

NAME: _____ AGE: _____
 First Middle Last

ADDRESS _____

CITY _____ STATE _____ ZIP _____

3. **DECLARATION:** I desire to participate, at my 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 participation. However, I knowingly and willingly wish 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 active participation in such activity. I state that I am in good health, physically fit to engage in this activity, and have no known medical condition which could foreseeably jeopardize my safety during such participation or be aggravated by such participation. As a condition precedent to my being permitted to engage or participate in such activity, I personally hereby forever release, acquit, discharge, indemnify and hold harmless the United States, the State of North Carolina and 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 participation in the indicated activity. I understand and agree that I may be held liable for any damage or loss to the United States or the State of North Carolina Government that is caused by my negligence, willful misconduct, or fraud while participating in this activity.

Date

Signature of Participant

Printed Name of Participant

If Participant is under 18 years of age:

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian