

Eglin Air Force Base Outdoor Recreation Assumption of Risk, Indemnity, Liability and Release Waiver

The scope of this assumption of risk and liability waiver shall be construed broadly to provide release and waiver to the maximum extent permissible under applicable law.

In consideration of the permission granted to me to participate in the activity/activities of:

Name of Activity	Date of Activity

I represent that I understand the physical nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in said activity. **I acknowledge that if I believe activity conditions are or become unsafe, I will have the ability to immediately discontinue participating in the activity and will do so of my own accord.**

I fully understand that this activity is physically and mentally demanding and that this activity involves risks of permanent catastrophic bodily injury including permanent disability, paralysis, and/or death that may be caused by my own actions or inactions, those of others participating in the event or the conditions in which the event takes place; and that there may be other risks not known to me or not readily foreseeable at this time.

I am in good health and am capable of participating in the Program. If I have had any previous health problem, which might prevent me from participating in the activity, I have consulted with my physician prior to participating in this program.

I agree to participate in the program in safe and legal manner as prescribed by all laws and regulation applicable to the area in which the program/activity is conducted. Furthermore, I agree to utilize all required safety equipment at all times while engaged in the activity.

I hereby consent to receive necessary medical treatment in the event of injury, accident, and/or illness during this activity/activities.

I understand and agree that any equipment I am renting is being rented **as is** in order to participate in the activity. I understand that while the equipment is in my possession, **I am solely responsible for the equipment rented to me.** I agree to be held liable for any and all damages, loss and/or replacement cost of equipment that is caused by my negligence, willful misconduct, dishonesty or fraud.

With full understanding of the terms above, I hereby agree to assume all risks involved. I agree not to sue and to forever release, hold harmless, indemnify and defend the United States Government, Eglin Air Force Base Outdoor Recreation staff, Non-Appropriated Funds Instrumentalities and/or any other United States Government agency, organization, its officers, members, agents or employees from any and all present and future liability, claims, demands, losses or damages in any way related to my use of the Eglin Air Force Base Outdoor Recreation facilities, equipment rentals and/or my participation in Outdoor Recreation activities and programs. I know, understand and agree that I am freely and voluntarily assuming the risk of personal injury or death, as well as any property damage, loss, or destruction that may result while participating in Outdoor Recreation activities including but not limited to such injuries, death, damage, loss or destruction that may be caused by the negligence of the United States Government.

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If I, my heirs, administrators, executors or assigns should demand, claim, sue, or aid in any way such demand, claim, or suit, I agree for myself, my heirs, administrators, executors, and assigns to forever indemnify the United States Government for all damages, expenses and costs it may incur as a result thereof.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER. I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS. I ACKNOWLEDGE THE POSSIBLE HAZARDS AND I AM FULLY AND VOLUNTARILY WAIVING ALL LIABILITY THAT MAY ARISE BY REASON OF THIS PARTICIPATION AFTER FULL CONSIDERATION OF THE RIGHTS I AM WAIVING. THIS WAIVER IS IN CONSIDERATION OF MY BEING ALLOWED TO PARTICIPATE IN THE EGLIN AIR FORCE BASE OUTDOOR RECREATION ACTIVITIES.

Participant's Printed Name	Participant Signature	Date
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Emergency Contact Name	Emergency Contact Number
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If participant is under the age of eighteen (18) years, please provide parental consent below:
The undersigned parent, natural guardian or legal guardian, does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and forever hold harmless and indemnify the United States Government, Eglin Air Force Base, 96 FSS, Outdoor Recreation staff, Non-Appropriated Funds Instrumentalities and/or any other United States Government agency, organization, its officers, members, agents and/or employees from all liability, loss, cost, claim or damage whatsoever that may be imposed upon said parties because of any defect or lack of such capacity to so act; and to release said parties on behalf of the minor and the parties or legal guardian.

1. _____
Printed Name of Minor Date
2. _____
Printed Name of Minor Date
3. _____
Printed Name of Minor Date
4. _____
Printed Name of Minor Date
5. _____
Printed Name of Minor Date

Parent or Legal Guardian Printed Name

Parent or Legal Guardian Signature

Date