RELEASE AND HOLD HARMLESS AGREEMENT

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 Marine Corps League, Department of PA Pistol Match in the area of Fort 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 9 - 11 June 2017.

2. PERSONAL DATA:

NAME: _____ AGE: _____
First Middle Last

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Person to be notified in case of emergency _____

RELATIONSHIP: _____ ADDRESS: _____
(If different from above)

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Area Code _____ NUMBER _____

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 Commonwealth of Pennsylvania 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. This is not a waiver of any medical benefits or treatment, which I am entitled to receive as a soldier or as a family member of a soldier. I understand and agree that 1 may be held liable for any damage or loss to the United States or the Commonwealth of Pennsylvania Government that is caused by my 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 willingly accept any responsibility or possible danger associated with those elements.

Date _____ _____
Signature

_____
Printed Name of Participant