RELEASE OF LIABILITY

Date required by the Privacy Act of 1974

Prescribing Directive: 10 US 2733, 28 US 2671-2680, AR 27-20. Authority: Title 10, US 3012

Principle Purpose (S): To release the United States Government, Department of Army, United States Army John F. Kennedy Special Warfare Center and School, and 1ST Special Warfare Training Group (Airborne) from all liability incurred by accident or any other event occurring during activities in any way related to participation in an optional training event conducted with and for the Gold Star Teen Activities Event at Camp Mackall, North Carolina.

GENERAL RELEASE

I, _____, hereby release the United States Government, the United States Army, and any agents and employees thereof, of liability for any personal injury, death, or property damage or loss suffered due to participation in events using the Nasty Nick Obstacle Course on Camp Mackall, North Carolina during the Gold Star Teen Activities Event. Participation in these events includes any and all activities occurring on US Government property and/or involving US Government personnel which are related either directly or indirectly to the visit. This includes, but is not limited to, travel in and around Camp Mackall, North Carolina or physical fitness events occurring in and around Camp Mackall, North Carolina. In consideration for the opportunity to participate in these events, I, the undersigned, personally release and hold harmless the United States Government, the United States Army, and any agents or employees thereof for any personal injury, death, property damage or loss suffered by me, my guests or invitees (if any), while participating in these events or in transportation to or from these events. I assume all risks related to my participation in activities associated with the Nasty Nick Obstacle Course. I understand participation in these events are potentially hazardous and I knowingly assume the risk. This agreement is binding on all assigns, heirs, executors, beneficiaries, and derivative claimants.

PHYSICAL CONDITION: The participant(s) confirms that if he/she/they have a history of neck, back, shoulder, or heart problems that he/she/they have sought a doctor's advice before participating in these activities.

I understand the importance of the question regarding my physical condition. _____(Initial)

_____ _____

Signature of Participant **Date** **Witness**