VERMONT NATIONAL GUARD **RELEASE OF**
COUNTERDRUG TASK FORCE **LIABILITY FORM**

In consideration for attending and participating in (circle one):

Community Summer Camps,
Mentoring,
Project Mountain,
Team Challenge,
Orienteering,
Ropes Course.

I freely accept and voluntarily assume ALL RISK of personal injury or death or property damage to include but not limited to all dangers that are inherent in this activity that are obvious and necessary. It is understood that these events will not include use of force but will involve outside and inside sport and/or physical activities to include but not limited to team challenge, land navigation, hiking, swimming, canoeing, running, jumping, climbing and lifting which have certain inherent and other dangers and risks.

I hereby release, remise, hold harmless, discharge and covenant not to sue the State of Vermont, Vermont National Guard, and in so far as applicable, the United States and the United States Armed Forces, and its agents, volunteers and employees from any and all liability for personal injury or death or property damage which results in any way from negligent actions and /or omissions of employees, volunteers and/or agents of the Vermont National Guard, the State of Vermont or the United States Armed Forces, arising out of the conditions on or about the premises and the facilities used for. (circle one):

Community Summer Camps,
Mentoring,
Project Mountain,
Team Challenge,
Orienteering,
Ropes Course

including but not limited to natural or man-made obstacles and its placement, visibility or condition or my participation in any activity during these events.

If I am signing on behalf of a minor, I hereby certify that I have full authority to act as his/her legal guardian and in that capacity. I understand that in case of injury or illness of a minor, I will be notified and understand that my child may be administered any emergency services as deemed necessary by emergency and hospital medical personnel.

I hereby agree to fully indemnify and hold the Vermont National Guard and the State of Vermont, and to the extent applicable the United States Armed Forces, harmless from any and all damages or losses or actions of any kind brought by any person, including the minor, which arises out of the participation in and attendance in the activities of the Counterdrug Task Force.

I understand that news media may be invited to view, photograph, record or film portions of the event, and may interview attendees. My child's photograph, image, quote or voice maybe published, copyrighted, or otherwise used in news presentation.

Nothing in this release waives any right that my child or I have under the Federal Torts Claims Act. And, in the event of a claim, I will contact the Safety Officer at Camp Johnson, (802) 338-3000, for the proper forms and procedures for filing a claim.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT AND FREELY ENTER INTO THIS AGREEMENT.

Participants Name: _____

Signature: _____

Parent/Guardian Signature is required if student is less than 18:
Parent/Guardian Name: _____

Signature: _____

Date: _____

Emergency Contact Information:

Person to contact in case of emergency_____

Telephone Numbers: Work _____Home_____

Medical Information:

List any information about medical conditions that may affect your child's participation in any of these events

_____
_____
_____