

RELEASE AND HOLD HARMLESS AGREEMENT

This information is for use to determine eligibility for voluntary participation in activity of the
DEPARTMENT OF PENNSYLVANIA MARINE CORPS LEAGUE RIFLE 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 participation in such activities'
scheduled for September 24, 25, 26, 2010

PERSONAL DATA:

NAME _____
First Middle Last

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY _____

RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____
(IF DIFFERENT THAN ABOVE)

TELEPHONE: AREA CODE _____ NUMBER _____

Declaration: In consideration of my participation in Department of Pennsylvania Marine Corps League Service Rifle Match scheduled to be held on September 24th, 25th and 26th at Fort Indiantown Gap. Annville, Pa. I the undersigned intending to be legally bound, hereby waive for myself, parent's guardian, executors, heirs, assigns and administrators any and all rights and claims for damages, demands, and other actions whatsoever, including those which may be attributable, too weather conditions, which I may give against any of the following entities.

- A. Department of the army, Pa National Guard, Fort Indiantown Gap.
- B. Any current, past or future members of the Marine Corps League, Board of Trustees.
- C. Any current, past or future Officers of the Marine Corps League.
- D. Any current, past or future Members of the Marine Corps League

Arising out of my participation in this event, including any and all injuries or illnesses suffered by me as a result of my participation. This wavier is executed with the awareness that training areas are not designed nor maintained with the needs of non-member groups in mind. That conditions which are potentially hazardous may exist, including, but not limited to, obstacles, both natural and man made, camouflaged as well as visible, holes, ditches trenches and other irregularities in terrain.

SIGNATURE _____ DATE _____

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 _____ 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 _____

2. PERSONAL DATA:

NAME: _____ AGE: _____
 First Middle Last

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Person to be notified in case of emergency _____

Relationship _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____
(If different than above)

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 foresee ably 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 I 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 of Participant

Printed Name of Participant