
Waiver of Liability & Hold Harmless Agreement

In consideration of the acceptance of my participation in _____, I, the undersigned, waive for myself, and my heirs, executors, and administrators, any and all rights and claims for damages, demands, and any other actions whatsoever, including but not limited to personal injury and death, which I may have against the United States and/or its officers, agents, employees, and instrumentalities. This includes Directorate of Family, Morale, Welfare and Recreation (DFMWR) and the Joint Base Lewis-McChord Community Recreation Division.

I certify that I am physically fit for participation in the above activity and I will complete a skills briefing and I also agree that I will not participate in the outing if I do not understand what is briefed. I understand the need for extra caution on my part and that medical aid will be limited, with no special preparations for medical emergencies.

I further agree to indemnify and hold harmless the United States and its officers, agents, employees, and instrumentalities, including Directorate of Family, Morale, Welfare and Recreation (DFMWR) activities and the Community Recreation Division at Joint Base Lewis-McChord, Washington, for any injury or damage filed against the United States which may result from my participation.

I understand that on self-directed activities I will be given the time to return to the pick-up location. Should I fail to meet at the designated time and place, I understand that I will be responsible for my own return transportation and any fees incurred as such.

Signature of Participant

Parent/Guardian Signature
(if participant is under 18)

Printed Name of Participant

Parent/Guardian's Printed Name

**What cell phone number can we contact you on should you become separated from the group today?
() _____-**

Emergency Contact Information (*Someone not on trip with you*)

Name of Contact: _____

Phone Number: _____

Medical Questionnaire

This information is needed for safety and program modification concerns. The Outdoor Adventure Program supervisor and/or the trip leader are the only people who will see this information. Medical conditions do not necessarily prevent participation.

Please print:

Name: _____

Age: _____ Height: _____ Weight: _____

Status (Check One): Active Duty: _____ NG/Reserve: _____ Dependent: _____
DoD Civ: _____ Retiree: _____ Guest: _____

Do you have any physical disabilities? (If yes, please explain.)

Are you currently taking any medications? (If yes, please explain.)

Do you suffer from: (Please circle response for each)

Yes/ No	epilepsy	Yes/ No	diabetes
Yes/ No	asthma	Yes/ No	heart problems
Yes/ No	vertigo	Yes/ No	knee, shoulder, elbow problems
Yes/ No	back problems	Yes/ No	allergies: please list _____
Yes/ No	other (please specify)		_____
	_____		_____

Please list any other medical conditions you feel we should know about.

I am in good physical condition and am capable of physical activity for an extended period of time.
___yes ___no

I freely offer this information and to the best of my knowledge it is accurate.

Signature

Date