

CERTIFICATE OF UNDERSTANDING AND RELEASE

I, _____ (print your full name) understand that the Camp Swift Bastrop, Texas, Obstacle Course contains a number of obstacles which could result in personal injury through misuse or accident. These include sand hazards, noise hazards, ground hazards, including the possibilities of falling from heights or tripping over obstacles and other hazards, which could cause tearing of clothing and injury from misadventure. Fully understanding the hazardous nature of the course and being fully warned of the hazards and dangers thereof, I nonetheless desire to use it.

I, _____ (print your full name) understand that firearms training will occur at Texas Wing Winter Encampment. This training will be conducted IAW Civil Air Patrol regulations, NRA guidelines and National Guard standards. Safety will meet or exceed standards of all three organizations.

I certify that I (or my child) have no known medical or physical disability, or any other condition affecting my health or fitness (including, but not limited to age, weight and blood pressure), which would make it inadvisable for me to participate activities. I acknowledge that the Civil Air Patrol will rely solely upon my good judgment in the decision to participate. Furthermore, for the sole consideration of the use of the aforementioned course and training and without any other representation, promise, or agreement, written or oral, I hereby release and discharge the United States, the United States Air Force, The Guard, and the Civil Air Patrol and its volunteers, including individual liabilities, and any and all other parties in interest from all claims, demands, grievances and causes of action of every kind, nature and description which may hereafter arise from or out of injuries and damages received by me at Camp Swift, Bastrop, Texas, on or about the 25th of June to the 2nd of July 2011 from the obstacles, dangers, and hazards of the Obstacle Course and Firing Range. This release shall be binding on my Heirs, Executors, Administrators and Representatives.

I HAVE READ AND UNDERSTAND THIS CERTIFICATION AND RELEASE.

_____ Signature of Cadet/Senior

_____ Signature of Parent or Guardian (if cadet is under 18)

_____ Please Print Name