

CIVIL AIR PATROL RELEASE AGREEMENT (ALL MUST SIGN)

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for Civil Air Patrol Special Activities or Encampments, and I hereby volunteer entirely upon my own initiative, risk, and responsibility for an assignment to participate in this activity of encampment at the first available opportunity and with full knowledge that such activity may include:

1. Traveling by land, sea, or air in US military, commercial, or privately owned vehicles from regular place or residence to the site of the activity or encampment, travel incident to the activity or encampment, and subsequent return to place of residence.
2. Participation in aeronautical activities as a passenger or student trainee in US military, commercial, or privately owned aircraft.
3. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions.
4. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.
5. Remaining with the cadet group I am assigned to at all times during the activity or encampment.
6. Acting as a spokesman for Civil Air Patrol, rendering reports on the activity or encampment.
7. Refraining from argumentative discussions concerning governmental policies.

In consideration of the permission extended to me by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto.

DATE

SIGNATURE OF APPLICANT

RELEASE BY PARENTS OR GUARDIAN (ONLY IF UNDER 18)

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity or encampment referred to above, In consideration of the permission extended to my child by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents and employees acting official or otherwise, from any and all claims, demands, actions or causes of action, on account of the death or on account of any injury to my child which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto. In addition, by my signature below, I certify the applicant:

1. Is my minor child or ward.
2. Has no history or injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form.
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer or encampment commander, or other staff members. If not following the above mentioned rules, regulations, and directives he/she may be sent home at the discretion of the project officer, encampment commander or activity directory at my expense.

However, in case of injury, disease or other illness, permission is hereby granted to treat the applicant as required, and if the applicant is released from the activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.

DATE

WITNESS FOR FATHER'S SIGNATURE

FATHER OR LEGAL GUARDIAN

WITNESS FOR MOTHER'S SIGNATURE

MOTHER OR LEGAL GUARDIAN

SQUADRON CERTIFICATION

I certify that the above information is correct and that all requirements for attendance will be completed by the required dates.

SQUADRON COMMANDER

WING CERTIFICATION (Required for applicants who are not members of New York Wing)

This applicant has my permission to attend the NYW Encampment.

WING COMMANDER

MEDICAL INFORMATION - TO BE COMPLETED BY ALL APPLICANTS

NAME OF PARTICIPANT (Last Name, First Name)

CAPID

DO YOU CURRENTLY USE ANY MEDICATION? (Including eye drops)

NO YES (List any medication taken and the reason in the remarks section.)

HAVE YOU HAD OR BEEN INVOLVED IN AN ACCIDENT IN THE PAST 2 YEARS?

NO YES (Explain the extent of your injuries and treatment required in the remarks section.)

HAVE YOU HAD OR HAVE NOW ANY OF THE FOLLOWING? (If yes is answered on any items, please explain why in the remarks section with dates and physician(s) consulted (if any). Items not specifically noted below having the potential to interfere with performance during the special activity or encampment should be documented in the remarks section.)

- | | | | | | |
|--|--------------------------------|--|---------------------------------|--|---|
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Frequent or severe headaches | <input type="checkbox"/> NO <input type="checkbox"/> YES | Ear infections | <input type="checkbox"/> NO <input type="checkbox"/> YES | Chronic diseases like Diabetes or Bronchitis |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Dizziness or fainting spells | <input type="checkbox"/> NO <input type="checkbox"/> YES | Rupture | <input type="checkbox"/> NO <input type="checkbox"/> YES | Girls only - Menstrual cramps |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Unconsciousness for any reason | <input type="checkbox"/> NO <input type="checkbox"/> YES | Positive TB skin test | <input type="checkbox"/> NO <input type="checkbox"/> YES | Other illness or accidents |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Eye trouble, excluding glasses | <input type="checkbox"/> NO <input type="checkbox"/> YES | Epilepsy or fits | <input type="checkbox"/> NO <input type="checkbox"/> YES | Military rejection or medical discharge |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Hay fever | <input type="checkbox"/> NO <input type="checkbox"/> YES | Kidney stones or blood in urine | <input type="checkbox"/> NO <input type="checkbox"/> YES | Rejection for life insurance |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Sugar or albumin in urine | <input type="checkbox"/> NO <input type="checkbox"/> YES | Motion sickness | <input type="checkbox"/> NO <input type="checkbox"/> YES | Admission to hospital |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Heart trouble | <input type="checkbox"/> NO <input type="checkbox"/> YES | Nervous trouble of any sort | <input type="checkbox"/> NO <input type="checkbox"/> YES | Record of traffic convictions |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | High or low blood pressure | <input type="checkbox"/> NO <input type="checkbox"/> YES | Any known allergies | <input type="checkbox"/> NO <input type="checkbox"/> YES | Record of other convictions |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Stomach trouble | <input type="checkbox"/> NO <input type="checkbox"/> YES | Any drug or narcotic habit | <input type="checkbox"/> NO <input type="checkbox"/> YES | Attempted suicide |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Asthma | <input type="checkbox"/> NO <input type="checkbox"/> YES | Chronic or recurring injuries | <input type="checkbox"/> NO <input type="checkbox"/> YES | Medical treatment within the past 5 years other than regular office visits or physicals |

IMMUNIZATIONS

FAMILY PHYSICIAN (Name, address, and phone number)

INSURANCE INFORMATION

Medical Company

Liability Company

Policy Number

Policy Number

EMERGENCY ADDRESSEE - PARENT, GUARDIAN, OR CLOSEST RELATIVE TO BE NOTIFIED IN CASE OF EMERGENCY

Name

Relationship

Address

Day Telephone

Night Telephone

REMARKS

FORT DRUM – RELEASE AND HOLD HARMLESS AGREEMENT [EVERYONE MUST SIGN]

1. PRIVACY ACT STATEMENT: Personnel data is solicited under authority of 10 USC 3013 and AR 27-40. The information is for use to determine eligibility for voluntary participation in the potentially hazardous activity of Cadet training in the area of the Fort Drum Military Reservation. 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 which will occur during the period of the New York Wing Civil Air Patrol encampment.

2. PERSONAL DATA:

NAME: _____	AGE: _____		
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: _____			
RELATIONSHIP: _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
TELEPHONE: _____			

3. DECLARATION: I (or my children) desire to participate at my own risk in the potentially hazardous activity described above. 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 (or my child) is in good health, physically fit to engage in this activity, and have no known medical condition which could foreseeably 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, both personally and on behalf of my child, hereby forever release, acquit, discharge, indemnify, and hold harmless the United States, its agents, officers, and employees, from any and all causes of actions, 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 (or my child's participation) in the indicated potentially hazardous 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. If the above listed person is under the age of 18 years old, I consent to having my child/ward participate in this activity.

_____	_____
DATE	SIGNATURE OF PARENT OR GUARDIAN (OR INDIVIDUAL IF OVER 18 YRS)

	PRINTED NAME OF PARENT OR GUARDIAN

FORT DRUM – PERMISSION FOR EMERGENCY MEDICAL TREATMENT (IF UNDER 18 YEARS OLD)

1. PRIVACY ACT STATEMENT: Personnel data is solicited under authority of 10 USC 3013 and AR 27-40. The information is for use to determine eligibility for voluntary participation in potentially hazardous activity of Cadet training in the area of the Fort Drum Military Reservation. 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 which will occur during the period of the New York Wing Civil Air Patrol encampment.

2. PERSONAL DATA: (SEE ABOVE)

3. DECLARATION: I grant permission for my child/ward to receive emergency medical treatment for injuries arising out of or connected with the potentially hazardous activity described above.

_____	_____
DATE	SIGNATURE OF PARENT OR GUARDIAN

	PRINTED NAME OF PARENT OR GUARDIAN