

HOLD HARMLESS AGREEMENT AND RELEASE FROM LIABILITY CERTIFICATE

Name: _____ SSN: Last four ONLY _____ Age: _____

**** PRINT CLEARLY ****

Navy Recruiting District Richmond Warrior Challenge Program will be holding a(n) official U.S. Navy DEP event featuring sports (Physical Screening Test). While measures have been taken to ensure your well being, such as your MEPS physical, your disclosure of medical conditions, and our determination that the environment factors are satisfactory for this activity, physical activity is not risk free. The same elements that contribute to the unique character and fun of physical exercise, such as physical exertion or the outdoors, can cause loss or damage to equipment, and injury, illness, or in extreme cases, permanent trauma or death.

[X] You will be working out at a DEP sports event or performing swim skills and calisthenics at physical training(PT). This involves running, swimming, pushups, pull ups, and sit ups, usually done outdoors. You may incur injuries form falling, running into an object drowning, muscle cramping, and other such injuries commonly associated with physical exercise. Exposure to the natural elements can be uncomfortable or harmful. Heat-sunburn, dehydration, heat exhaustion, heat stroke, heat cramps, wind, rain, outdoors, and using portable toilet facilities, can be uncomfortable or cause injury.

[X] You will be participating in the Physical Screening Test (PST) for entry into the Naval Special Warfare, Naval Special Operations, Underwater Construction Team or Aircrew rescue Swimmer program. The PST involves swimming 500 yards, push-ups, curl-ups, pull-ups, and a 1.5 mile run and is normally held outdoors. Participates in the test exposes, but does not limit, you to the risks associated with the IFA.

The list of possible accidents stated above may inflict bodily injury, disease, strains, fractures, partial and/or total paralysis, other ailments that could cause serious injury, or death. It is also possible that some participants would suffer mental anguish or trauma from the experience or their injuries. This list is not an exclusive or exhaustive list of possible injuries, trauma, or accidents that may occur. Most of these injuries are rare and you are not likely to encounter them. However, they have occurred, and you need to know about them and other possible injuries not mentioned above. These injuries occur more often when the participants are not physically able to undertake the activity.

Decisions are made by the instructors and participants, based on a variety of perceptions and evaluations that, by their nature, are imprecise and subject to errors in judgment. Participants may have free and unsupervised time. Throughout the program, participants are responsible for their own safety.

I certify that I, or my minor child, are fully capable of participating in the DEP sports event or Physical Screening Test. I state that I have read the above statement on some of the possible risks associated with this activity. Therefore, I assume full responsibility for myself, or my minor child, for bodily injury, death, loss of personal property, and any expenses as a result of my negligence, negligence of my family, negligence of another participant in the event, or the negligence NRD RICHMOND. I agree to indemnify and hold harmless the U.S. Navy and its members, agents, and employees from all claims, damages, losses, injuries, and expenses arising out of or resulting from my (my child's) participation in this activity.

Should any paragraph or part of this agreement be declared unenforceable by a court of competent jurisdiction, the remaining parts of paragraphs shall remain in full force and effect. A copy of this release can be used as if it was an original.

I have adequate health, disability, and life insurance for myself, or my minor child.

I hereby give permission for transportation to any medical facility or hospital, and I authorize any guide, or medical personnel, to render necessary emergency medical care for myself, or my minor child.

I, _____, of my own free will, or for my minor child, my heirs and executors, and myself, have read, understand, and acknowledge the risks and liability for myself, and my family, this _____ day of _____, 20____.

I have read and understood this agreement.

PARTICIPANT (OR PARENT) SIGNATURE

PRINT NAME

DATE

SEAL SWCC EOD DIVER Air

Recruiting Station _____ Education Level _____

Candidate Telephone _____

Email _____ @ _____

IN CASE OF EMERGENCY PLEASE CONTACT

Name: _____

Phone: _____

I carry medical insurance: YES NO

Group Number _____

Name of Provider _____