**HOLD HARMLESS AGREEMENT/WAIVER OF LIABILITY**

This is a voluntary release of liability and complete assumption of risk. I, (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby release 12th Marine Corps District, Marine Corps Recruit Depot/Western Recruiting Region (hereinafter “MCRD/WRR San Diego”), the United States Marine Corps, the Department of the Navy, the United States Government, and all agencies and instrumentalities thereof, its agents, officers, servants, and personnel (hereinafter “the government”), from any and all liability, claims, demands and actions whatsoever resulting from my presence and involvement in activities provided by 12th Marine Corps District, MCRD/WRR, San Diego.

This release applies to me, and to my parents, spouse, children, guardian, executors, future heirs, assigns, creditors and administrators. This release of liability includes, but is not limited to claims based on negligence, both passive and active, of the government arising out of, or relating to any loss, damage (including loss of and damage to property), illness, death, or injury that may be sustained while on MCRD/WRR San Diego.

Known risks aboard military installations include, but are not limited to: (1) High volume of traffic by civilian and military vehicles; (2) Interactions with animals and wildlife; (3) Significant distances from recreational areas to medical treatment facilities or hospitals; (4) Potentially hazardous training activities, including but not limited to, range firing, aircraft operations, personal defense instruction, and field maneuvers; (5) Injuries or death resulting from strenuous activities; and, (6) Injuries or death resulting from recreational activities. Additionally, I understand that I will be performing activities on MCRD/WRR San Diego exposing me to potential hazards while attending the District Spouse Orientation Training/Events.

I shall wear all personal protective equipment (PPE, e.g., helmets) and obey all MCRD/WRR San Diego and California laws and regulations, to include any special instructions for specific events. I am mentally and physically able to perform the intended tasks(s) and understand the risks involved.

I hereby authorize emergency medical treatment in the event of injury or illness. I also authorize trained health care providers, including, but not limited to physicians, nurses, nurse practitioners, emergency medical technicians and hospital corpsmen, to administer routine and/or emergency medicines and treatments, as needed.

This release shall remain in effect indefinitely from the date of signature until rescinded in a formal writing by the government. I further state that I, (print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have carefully read the foregoing release, know the contents thereof, and sign this release as my own free act, on behalf of myself and/or my child or children for whom I am authorized to act as legal guardian.

EVENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PARTICIPANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Participant Date

**This form to be kept on file by office conducting the activity for two years from the date of signature.**