**RELEASE OF LIABILITY**

Data Required by the Privacy Act of 1974

Prescribing Directive: 10 USC 2733, 28 USC 2671-2680, AR 27-20

Authority: Title 10, USC 3012. Principal Purposes: To release the United States Government, Department of the Army, Signal Center of Excellence Fort Eisenhower and the agents and employees thereof from any and all liability arising from or incident to participation in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Mandatory or Voluntary Disclosure and Effect on Individual Not Providing Information: Voluntary; however, if information is not provided, participation in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_may be denied.

In consideration of the permission extended to me by the United States through its agents, to participate in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to release and hold harmless the United States Army, Signal Center of Excellence Fort Eisenhower and the agents and employees thereof from any and all liability for personal injury, death, property damage or loss, or any other loss resulting from or arising out of my participation in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on Fort Eisenhower, Georgia.

Participation in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ includes, but is not limited to the risk of death or serious injury such as cuts, scrapes and bruises, broken bones, twisted ankles, sprains, pulled or strained muscles, knee and other joint injury, heart attack, and stress-related injury resulting from: the risks/hazards of running and physical exertion over a prolonged period, exposure to heat and cold, dehydration, running at a high rate of speed on uneven sidewalks and streets, being hit by a car or other vehicle, colliding with other runners, falling and tripping, or the conduct of other participants, including their negligence or willful misconduct.

I certify that I will abide by all safety rules and the direction of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisors. I further acknowledge that failure to abide by all safety rules and the direction of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisors may result in my being disqualified from participating in the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on Fort Eisenhower.

I also agree to release the United States and the United States Army from any and all liabilities, claims, and causes of action, based on or arising from negligence or gross negligence on the part of the United States Army, Fort Eisenhower, and its agents and employees.

I acknowledge that I have read and understand the provisions of this release and understand that it is binding upon myself and my assigns, heirs, executors, beneficiaries, family members, and derivative claimants. I further acknowledge that I have no medical history or condition that would preclude me from participating in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on Fort Eisenhower.

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Date

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Printed Name Printed Name of Parent/Guardian if Minor

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Signature Signature of Parent/Guardian if Minor