

# Ft. Eustis "MEET YOUR ARMY" Summer Camp 2022 Event Application

## ***Ft. Eustis Gate Access and General Information:***

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs Race: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

ID: \_\_\_\_\_ Number: \_\_\_\_\_ State: \_\_\_\_\_

Is your Family going to attend? \_\_\_\_\_ If yes, Complete information on page 2 for each guest up to three (3)

How Many Guests? \_\_\_\_\_

## ***General Information and Medical History:***

Health/Accident Insurance Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

In case of emergency notify. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Alt Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Allergies to any Medications, Food, Plants, Insects?      Yes      NO

Medication Name: \_\_\_\_\_ What happens: \_\_\_\_\_

Food Type: \_\_\_\_\_ What happens: \_\_\_\_\_

Plant Name: \_\_\_\_\_ What happens: \_\_\_\_\_

Insects Name: \_\_\_\_\_ What happens: \_\_\_\_\_

List all medications currently used, including any over-the-counter medications

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. I have also read and understand the supplemental risk advisories. The participant has permission to engage in all activities described, except as specifically noted by me. If the participant is under the age of 18, a parent or guardian's signature is required.

**Participant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(If participant is under the age of 18)**

# Release of Liability, Hold Harmless and Indemnification Agreement

“Meet your Army” Fort Eustis Summer Camp Event, 18-21 Jul 2022

The event that I am about to observe and/or participate in will be held on Fort Eustis ranges and/or training areas. I understand the following three cautions with regard to these ranges and training areas: first, all such ranges and training areas, including recreational fields, are designed for and used by Army Soldiers for training its personnel in the deadly art of individual and unit combat; second, these ranges and training areas have been subject to countless live fire exercises and may well have involved use of ammunition and placement of manmade or natural obstacles which, if triggered or encountered by or during physical presence on the ranges/training areas, could result in serious bodily injury or death to me; third, range and training area conditions are often aggravated by the weather such that extreme heat, humidity, cold, wind, or wet and will increase the likelihood of physical danger and my exposure to serious bodily injury, sickness, accident or death. I further understand that this activity may cause injuries associated with physical fitness training like muscle sprains or strains, tendon pulls, dislocation of joints, broken bones, and injuries associated with physical contact with other participants, and injuries from playing conditions, to include field conditions and the inherent dangers associated with environmental conditions.

Parent Initials: \_\_\_\_\_ Youth Initials: \_\_\_\_\_

Nonetheless, and in spite of my full knowledge of the risks involved in the above named event, I expressly and knowingly, freely and voluntarily, accept and assume all risks involved in and associated with all aspects of the above named event, and agree to hold harmless the united states government, the department of defense, the department of the army, the united states air force, and Fort Eustis, VA.

Parent Initials: \_\_\_\_\_ Youth Initials: \_\_\_\_\_

Therefore, and in consideration of the privilege to attend and/or participate in the no-cost “Meet your Army” Fort Eustis Summer Camp Event, I, the undersigned person, do hereby, freely, voluntarily and intending to be legally bound, accept all risks associated with the above named event, including but not limited to the risk of being shot, blinded or deafened by bomb blast, struck by shrapnel or other propellants, or otherwise maimed or wounded. Additionally, I waive any and all rights to any claims or demands or any other actions whatsoever, including those attributable to simple negligence, for damages, due to accident, injury, or my death resulting from my participation in the above named event, or any use I may make of Fort Eustis, VA or government equipment or facilities in furtherance of my participation in the “Meet your Army” Fort Eustis Summer Camp Event, for myself, my spouse, my parents or guardians, heirs, executors, administrators of my estate, legal representatives or anyone else on my behalf, which I have against any of the following: The United States of America, the Department of Defense, the Department of the Army, the United States Air Force, Fort Eustis, VA or any and all individuals assigned to or employed by the United States, to include but not limited to, the Secretary of the Army, the Secretary of Air Force, the Commanding General of TRADOC, the Commanding General of the U.S. Army Center for Initial Military Training, both their official and personal capabilities, or any medical personnel assigned thereto, or their representatives, successors, or assigns.

Parent Initials: \_\_\_\_\_ Youth Initials: \_\_\_\_\_

I understand that the above language means I have abandoned any rights I may have, or any rights anyone associated with me may have, through legal or friendship or family ties, to sue the federal government for any injury I may sustain because of my participation in or attendance of the above named event that results in any damage whatsoever to my property, my person, or in my death. By signing this document, I acknowledge that the federal government, or any agency or employee thereof, is not liable for any injury I may sustain, to include death, as a result of my participation in the "Meet your Army" Fort Eustis Summer Camp Event. By signing this document, I effectively and comprehensively assume all risk associated with the above named event. This document shall remain in effect and be held until notice of cancellation is received by the 633D ABW PUBLIC AFFAIRS OFFICE.

Parent Initials: \_\_\_\_\_ Youth Initials: \_\_\_\_\_

Lastly, I understand that should I decline to execute this waiver of liability and agreement to hold harmless (not to sue for damages and reimburse the federal government for costs associated with a suit should anyone so sue), I will not be permitted to participate in or attend the above named event on 18-21 JUL 2022.

Parent Initials: \_\_\_\_\_ Youth Initials: \_\_\_\_\_

This is an important legal document containing provisions constituting a waiver of legal rights. Read the entire document before signing.

**\*\*\*All below fields required \*\*\***

**Youth Print Name:** \_\_\_\_\_

**Parent Print Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact – Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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**Witness – Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_