

NAVY MWR FACILITIES, PROGRAMS AND ACTIVITIES MARATHON, AND OTHER RUNNING, WALKING, CYCLING AND SWIMMING ACTIVITIES

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

• THIS IS A LEGAL DOCUMENT •

Please read and fully understand this document before signing. If you have any questions please consult an attorney.

Full Name of MWR Patron/Participant:

Parent/Guardian Name (if applicable):

MWR Activity:

Location:

Date of Activity:

Navy Morale, Welfare and Recreation (MWR) is committed to operating its facilities and conducting its activities in a safe manner and holds the safety of its patrons and their guests of paramount importance. Navy MWR continually strives to reduce the risks associated with its operations and insists its patrons are aware of and follow all safety rules and instructions designed to protect them.

General. I confirm that I am an eligible MWR patron over 18 years of age, and if under 18 years of age, an authorized MWR patron participating in an MWR activity or utilizing MWR facilities or equipment (hereafter "MWR event") described below with express consent of my parents or other legal guardian(s). I also acknowledge that I have voluntarily chosen to participate in this Navy MWR event, and that the event in which I am participating has certain risks, inherent and otherwise, that cannot be completely eliminated, and these risks can cause loss, damage and destruction to equipment and personal property, accidental injury and illness, and in extreme cases, permanent trauma, disability or death.

Warning of Risk. Despite proper maintenance and preparation of facilities and equipment, instruction, medical advice and conditioning, there is risk of serious injury when participating in any MWR event. While some risks are inherent to the facility or activity concerned, not all hazards and dangers can be foreseen. Depending on the particular facility or activity, I understand that there exists certain risks, dangers, and possibility of injuries, illness, disability and death, including drowning, brought about by: Inclement weather; contact naturally occurring with water, plants, animals, and insects; slipping or falling, whether it be through poor skill level, preexisting medical condition, physical limitations, inattention, carelessness, or horseplay; inadequate or defective equipment; inadequate supervision or instruction, including the negligent act or omission of a Navy MWR employee or other individuals; and other circumstances inherent or otherwise to the MWR activity. I also understand and acknowledge that there may be "free" time when I may not be actively participating in the MWR activity for which I am intending to participate, yet potential hazards may nevertheless be present. I recognize that Navy MWR cannot guarantee my absolute safety should I participate in this MWR activity.

MWR Activity. I understand and acknowledge the physical and mental rigors associated with marathons and other running, walking, cycling and swimming activities, and realize that these activities and other portions of such events can be dangerous and may represent an extreme test of a person's physical and mental limits. I understand that participation involves risks and dangers which include, without limitation, the potential for serious bodily injury, illness, permanent disability, paralysis and death, to include drowning; loss or damage to personal property; accidents from contact with other participants, spectators, vehicles or other natural or manmade objects; exhaustion arising from exposure to adverse weather and water conditions; imperfect course conditions; water, road and surface hazards; equipment failure; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of Navy MWR, its employees, volunteers and other activity or event organizers; the negligent acts or omissions of Navy MWR and other

You are encouraged to learn of additional risks associated with your participation in this and other MWR activities through Recreational Off-Duty Safety (RODS) information, resources, and reference material available at the Navy Safety Center web site, http://www.public.navy.mil/NAVSAFECEN/Pages/shore/off-duty_rec/off_duty_rec.aspx, as well as additional safety-related resources made available through your command's RODS Office, as well as commercial resources.

individuals and officials; undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers ("risks"). I know that I am participating in a potentially hazardous activity, and that I should not enter this activity unless I am medically able and properly trained. I understand that these risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the activity or event, or the acts, inaction or negligence of the released parties described herein. I agree to be familiar with and abide by the rules and regulations established for this event, and I also accept sole responsibility for my own conduct and actions while participating in the activity, as well as the condition and adequacy of my equipment. I hereby expressly assume all such risks and responsibility including, but not limited to, falls, contact with other participants, contact with motor vehicles, the effects of weather, including rain, high heat, humidity, water and ground conditions, traffic, with all such risks being known and appreciated by me.

Medical Information and Consent to Treatment. In the event of injury or illness, I authorize on behalf of myself (or my child/ward, having not attained the age of 18 years), Navy MWR to provide or otherwise secure first aid treatment, and to secure medical treatment from or at the nearest and most adequate medical facility of its choice. This first aid and medical treatment authorization form is completed and signed of my own free will with the sole purpose of authorizing first aid and medical treatment under non-emergency and emergency circumstances for myself (or my child or ward).

Medical Insurance. I have adequate health, disability and life insurance for my family and myself. I hereby give permission for transportation to any medical facility or hospital, and I authorize for any MWR employee or volunteer, or any medical personnel to render necessary emergency medical care for my family or me. I hereby authorize the release of any medical information, including information concerning my blood-borne infectious diseases status, in the possession of Navy MWR to any medical facility, hospital, ambulance, first aid provider or other medical care provider rendering care of my behalf, and, hereby waive any action or claim against Navy MWR and its personnel, any health care facility or provider, or first aid provider for release of this medical information, including my blood-born infectious diseases status.

ACKNOWLEDGMENT AND SIGNATURE

By my signature, below, I unconditionally release and hold harmless the Department of the Navy, Navy MWR (a nonappropriated fund instrumentality (NAFI)), and its employees against and for all liability, cost, expenses, claims, and damages for which the U.S. Navy or Navy MWR might otherwise become liable by reason of any accidents, or injuries to or death by any persons, or damage to property, or both, in any manner arising or resulting from, caused by, connected with or related to the presence of any such person upon such property, facilities or premises, regardless of how, where, or when such injury, death or damage occurs even if caused by the negligence of Department of the Navy, Navy MWR (NAFI), agents, servants, or employees, or due to conditions or operation on or defects in the premises. Further, my signature below also signifies that I have read this RELEASE OF LIABILITY AND ASSUMPTION OF RISK document and fully understand all its terms. I execute it voluntarily and with full knowledge of its significance.

FULL NAME OF MWR PATRON/PARTICIPANT:

(Please Print)

FULL NAME OF PATRON'S/PARTICIPANT'S PARENT OR LEGAL GUARDIAN(S):

(Please Print)

SIGNATURE OF PATRON'S/PARTICIPANT'S PARENT OR LEGAL GUARDIAN(S):

DATE OF SIGNATURE:

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