



**CAPTAINS CUP INTRAMURAL SPORTS WAIVER**  
**Please read and understand this document before signing.**

Navy Morale, Welfare and Recreation (MWR) Department, Naval Air Station Joint Reserve Base (NAS JRB)

**ACKNOWLEDGMENT OF RISK**

I \_\_\_\_\_ ( full name) Knowingly and Freely Assume All Ricks involved in **Captains Cup Intramural Sports** offered through MWR NAS Fort Worth JRB. I hereby agree to accept any and all inherent risks including, but not limited to physical injury including cuts; bruises; ligament and/or cartilage damage; eye damage; disfigurement; or even death. I also recognize that there are both foreseeable and unforeseeable risks of injury that may occur, as a result of participating is this program.

**CONTRACT, WAIVER, RELEASE AND INDEMNIFICATION**

I state that I have read the above statement on possible risks associated with participating in **Captains Cup Intramural Sports**. Therefore, I understand and assume full responsibility for any or all bodily injury, death, loss of personal property, and any expenses as a result of my negligence or the negligence of MWR NAS Fort Worth JRB and its staff. By signing this document, MWR NAS Fort Worth JRB reserves the right to refuse any person judged to be incapable of safely participating in its programs.

I agree to indemnify and hold harmless Navy MWR NAS Fort Worth JRB, staff, and the U.S. Navy, and its members, agents and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from participation in this program. I, further agree to release, acquit and covenant not to sue Navy MWR NAS Fort Worth JRB, staff, and the U.S. Navy, and its members, agents and employees for all actions, causes of action, claims or damages, damages in law or remedies in equity of whatever kind, including the negligence of MWR NAS Fort Worth JRB and its staff or myself, my child, my family, or my heirs, against MWR NAS JRB Fort Worth arising out of my participation in this program.

I agree to the site of any lawsuit and the law governing any such lawsuit shall be governed under the Federal Tort Claims Act, Military Claims Act, Foreign Claims Act, and Suits in Admiralty Act, Public Vessels Act or Admiralty Extension Act, whichever is applicable. As liquidated damages, I hereby agree that if MWR NAS Fort Worth JRB is forced to defend any action, lawsuit or litigation arising out of my participation in this program. I agree to pay court costs and attorney fees if they successfully defend such action, lawsuit or litigation. Should any paragraph or part of this agreement be declared unenforceable by a court of competent jurisdiction, the remaining parts or paragraphs shall remain in full force and effect. A copy of this release can be used as if it was an original.

I authorize any MWR NAS JRB Fort Worth or medical personnel to render necessary emergency medical care. I hereby authorize the release of any medical information, including information concerning HIV or "AIDS" status, in the possession of MWR NAS Fort Worth JRB to any medical facility, hospital, ambulance, first aid provider, first aid service, doctor, nurse or other such person for the purpose of rendering said emergency medical care.

I, \_\_\_\_\_ (SIGNATURE), of my own free will, have read, understand and acknowledge the risks and liability in participating in any or all **Captains Cup Intramural Sports** on this \_\_\_\_\_ day of \_\_\_\_\_ 2020.

**I have read and understood this agreement.**

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

PHONE: [\_\_\_\_\_] \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE CONTACT:

PRINT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_