

AFJROTC SLS “Activities” Participation Form

This is to certify that

Cadet/Student Name Social Security
Number

hereafter referred to as ***Cadet***, a student participating at AFJROTC Summer Leadership School (SLS) in Wirtz, VA and a cadet in the AFJROTC SLS program, has the permission of :

(Parent/Guardian) _____
to participate in the AFJROTC SLS program activities. AFJROTC SLS program activities may include, but are not limited to;

- Hot Air Balloon orientation and a flight on a 100 foot tether. (if scheduled)
- Physical Fitness/Wellness, Marksmanship Training, Challenge Course, Orienteering, Canoeing, Archery, Horseback Riding, Swimming, Camping and Wall Climbing, low and high ropes.

INSURANCE INFORMATION

Cadet/Student is covered under the described insurance program

Insurance Provider Policy Number

RELEASE OF LIABILITY

I, _____ (hereafter referred to as ***Cadet***)
and my legal guardian/parent

_____,
(hereafter referred to as ***Parent/Guardian***), our heirs and assigns, spouse, or legal representative in consideration of being permitted to participate in educational, physical training and leadership opportunities offered by the Summer Leadership School offered at the W.E Skelton 4H Center and surrounding area in Wirtz VA.

MEDICAL AUTHORIZATION

In my absence, I authorize ***Educators*** to see that my Cadet/Student receive any medical attention, that may be necessary while participating in any AFJROTC SLS activity.

DURATION OF AGREEMENT

Cadet/Guardian acknowledges and understands that this agreement remains in effect as long as the cadet is enrolled in AFJROTC SLS.

ASSUMPTION OF RISK

Cadet/Guardian acknowledges and understands that AFJROTC SLS educational events are hazardous activities involving risks, including but not limited to the risk of injury or death, loss or damage to personal property or legal actions and *Cadet/Guardian* voluntarily assumes full responsibility for these and all other risks. This release extends to all claims of every nature and kind whatsoever, known and unknown, arising out of these activities.

INDEMNITY AGREEMENT

Cadet/Guardian agrees to indemnify, defend and hold harmless *Educators* from all action, causes of action, claims, judgments, loss, liability, damage or costs (including attorney’s fees) they may incur due to *Cadet/Guardian* involvement in AFJROTC SLS activities.

Cadet/Guardian expressly agrees that this Release of Liability and Assumption of Risk and Indemnity Agreement is intended to be as broad and inclusive as permitted by law and that if any portion thereof is held invalid, same shall not affect any other provision hereof, all of which other provisions shall remain in full force and effect. This agreement shall be governed by the laws of the State of Virginia.

MEDICAL STATEMENT

Cadet/Guardian certifies that they have no medical or mental condition that prevents them from participating in any part of AFJROTC SLS activities.

I have carefully read this Release of Liability, Assumption of Risk, Indemnity Agreement and Medical Statement fully and understand same.

Signature, **CADET**

Signature, **PARENT / GUARDIAN**

Printed Name, **CADET**

Printed Name **PARENT / GUARDIAN**

Cell Phone Number

Date Signed