

# SUMMER CAMP APPLICATION CHECKLIST

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Date: \_\_\_\_\_

## GENERAL APPLICATION PACKET

☐ Summer Camp Application Checklist (Form 200)

☐ Summer Camp Application (Form 201)

Appendix A: Unit Description and Prerequisites

☐ Summer Camp Release Form (Form 208)

☐ Medical Form (Form 203)

☐ Medical Consent Form (Form 203a)

☐ Survival Waiver Form (Form 209)

☐ Marksmanship Waiver Form (Form 210)

☐ Mountaineering Waiver Form (Form 211)

☐ T-Shirt and Hat Measurement Form (Form 212)

Appendix B: Summer Camp Payment Plan

☐ Summer Camp Payment Coupons (Form 213)

(Note: Cadets should send in all forms on the above list that have a ☐ in front)

**Mail a hard copy of the General Application Packet postmarked by  
5 January 2014**

**ATTN: SUMMER CAMP APPLICATION  
CALIFORNIA CADET CORPS HEADQUARTERS**  
10 Sonoma Avenue, Building 1301  
Camp San Luis Obispo, CA 93405

# CALIFORNIA CADET CORPS HEADQUARTERS

10 Sonoma Avenue, Building 1301  
Camp San Luis Obispo, California 93405

## SUMMER CAMP APPLICATION

Date \_\_\_\_\_

Please print one letter per box

NAME (last)   
NAME (first)   
NAME (MI)  - -

2013-2014 Grade Level  Cadet Rank  Gender       
Date of Birth

Home Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Email \_\_\_\_\_

School Name \_\_\_\_\_ Battalion \_\_\_\_\_ Brigade \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Parent or Guardian Email \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME (last, first)	<input type="text"/> <input type="text"/> <input type="text"/>	Phone Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship
NAME (last, first)	<input type="text"/> <input type="text"/> <input type="text"/>	Phone Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship

AVAILABLE SUMMER CAMP UNITS  
(See Appendix A for description of each unit and the prerequisite for each unit)

1. Basic Training Unit
2. Non Commissioned Officer Academy
3. Officer Candidate School
4. Cadet Medic School
5. Marksmanship Training Unit
6. Mountaineering Training Unit
7. Survival Training Unit
  
8. Leadership Staff Position (see Appendix B)

Have you completed Summer Camp Cadet Corps "MEDIC TRAINING? (yes or no) \_\_\_\_\_

IF yes, would you like to be the "MEDIC" for one of the summer camp units? (yes or no)? \_\_\_\_\_

I have placed my choices in a prioritized list:

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

3rd Choice \_\_\_\_\_

4th Choice \_\_\_\_\_

I hereby acknowledge that I am committing to attend Summer Camp on June 22-29, 2014. In addition, I am aware of the fee to attend is \$100.00 and is non-refundable. The Summer Camp Application Checklist and **all forms** must be postmarked by 5 January 2014. The \$100.00 fee should be a money order, a bank check or a school check (NO personal checks). Make the check payable to the **CADET YOUTH FOUNDATION**. If you are using the Payment Plan, please attach a check and the payment coupon (see Form 213) when you make each payment. Make sure that you meet the due dates for each payment.

\_\_\_\_\_  
Cadet Name

\_\_\_\_\_  
Cadet Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commandant Name

\_\_\_\_\_  
Commandant Signature

\_\_\_\_\_  
Date

**NOTE: ALL SIGNATURES MUST BE IN BLUE INK**

## **APPENDIX A**

### **Summer Camp Unit Description and Prerequisites**

**Basic Training Unit** – This unit is for cadets who are currently a recruit, a cadet or a CFC and are interested in obtaining the rank of C/CPL by the end of summer camp.

**Non Commissioned Officer Academy (NCO)** – This unit is for cadets who are currently cadet NCOs with the rank of C/CPL or higher who are interested in learning the skills necessary to hold squad leader, platoon sergeant or company first sergeant positions. Cadets may gain the rank of S/SSG by the end of summer camp.

**Officer Candidate School (OCS)** – This unit is for cadets who are at least a C/SGT, in grade 7-12 in the 2013-2014 school year and are interested in service as a cadet officer. Cadets may be either promoted to C/WO1 or commissioned to a C/2LT.

**Cadet Medic School** – This unit is for cadets who are at least a C/CPL in grade 9-12 in the 2013-2014 school year who have maintained a CUMULATIVE HIGH SCHOOL GPA of 2.0 or better, who have not had any serious disciplinary infractions in the past two years, and who have no unexcused absences in the past year. Verification of GPA, discipline and attendance are required and may be obtained through a copy of the cadet's school student information system record signed by a school official. Cadets interested in this unit must complete online course IS-100.b at [training.fema.gov/EMIWeb/IS/IS100b.asp](http://training.fema.gov/EMIWeb/IS/IS100b.asp) OR IS-100.SCa at [training.fema.gov/EMIWeb/IS/IS100SCA.asp](http://training.fema.gov/EMIWeb/IS/IS100SCA.asp). Cadets will print out the certificate and send in with the application. Cadets will be provided national certification as a first responder and a cadet medic qualification badge for those who successfully complete the course.

**Marksmanship Training Unit** – This unit is for cadets who are at least a C/CPL in grade 8-12 in the 2013-2014 school year and are interested in learning intermediate / advanced marksmanship skills on the .22cal smallbore rifle, the .177cal air rifle and on the army simulator. Cadets will strive for qualification at marksman, sharpshooter or expert level on those weapons.

**Mountaineering Training Unit** – This unit is for cadets who are at least a C/CFC in grade 9-12 in the 2013-2014 school year and are interested in learning the skills of both ascending and descending mountains. Cadets may earn the mountaineering qualification badge if they successfully complete the course.

**Survival Training Unit** – This is a mentally and physically challenging course requiring cadets to maintain a high level of motivation and perseverance. This training is available only to C/CPLs or above in grade 9-12 who have maintained a CUMULATIVE HIGH SCHOOL GPA of 2.0 or better, who have not had any serious disciplinary infractions in the past two years, and who have no unexcused absences in the past year. Verification of GPA, discipline and attendance are required and may be obtained through a copy of the cadet's school student information system record signed by a school official. Cadets successfully completing the Survival Training course will be authorized the right to wear the red beret.

**Organization: California Cadet Corps**

**Event: Summer Camp 2014**

In consideration for receiving permission to use facilities, equipment and participate in/on any Ranges or Training Areas, I agree for myself, my heirs, assigns, executors, administrators, personal representatives, and derivative claimants, that my participation in/on any Facilities, Ranges or Training Areas be undertaken at my own risk, and California Cadet Corps, Camp San Luis Obispo and Camp Roberts, the California Army National Guard, the Department of the Army, the Government of the United States, and its officers, agents, and employees, whether acting officially or otherwise, shall not be liable for any claims, demands, injuries, damages, actions or causes of action which arise wholly or partially due to the negligence of the entities above, arising out of or in connection with my participation or use of any Facilities, in/on any Ranges or Training Areas, to include use of equipment provided for use in/on any Ranges or Training Areas.

I understand that there are risks and dangers inherent in all outdoor recreation activities, including, but not limited to paintball, rock climbing, mountain biking, high ropes course, climbing wall, rappel tower, and obstacle course. I am aware that the use of equipment relating to these **activities** can be **hazardous**, involving inherent and other **risk of personal injury, property damage, and death**. I understand and agree that by signing this release I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while using or participating in/on any Facilities, Ranges or Training Areas at Camp San Luis Obispo and Camp Roberts.

I understand and agree that by signing this release, I indemnify, and hold harmless California Cadet Corps, Camp San Luis Obispo and Camp Roberts, the California Army National Guard, the Department of the Army, the Government of the United States, and its officers, agents, and employees from any and all liability or costs, including attorney fees, associated with or arising from my participation in/on or use of any Facilities, Ranges or Training Areas and equipment provided for use in/on any Facilities, Ranges or Training Areas.

I agree to allow California Cadet Corps, Camp San Luis Obispo and Camp Roberts to utilize any photograph taken from my participation in Summer Camp program for promotional purposes.

**Cadet Name (Print):** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of Parent/Guardian (Print):** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**NOTE: ALL SIGNATURES MUST BE IN BLUE INK**

**Privacy Act Statement**

The information requested above is solicited under the authority of 10 U.S.C. 3012 and will be used to ensure correct identification, to verify participation, and to determine responsibility in the event of accident, loss, injury, or death. It may be routinely provided to other Government agencies as necessary to resolve claims against the United States and to private insurance companies if necessary for these purposes. Disclosure of the information requested is voluntary; failure to provide this information will result in denial of the request to participate in Leadership Challenge Courses and the use of equipment provided by Camp San Luis Obispo.

<b>CALIFORNIA CADET CORPS</b>	<b>REPORT OF MEDICAL HISTORY</b>	FOR OFFICIAL USE ONLY
<b>NOTICE</b>		
<p>The information requested below is required to provide the medical examiner an accurate history of illnesses and injuries that may affect the applicant's ability to perform the strenuous physical exercise and exposure to living and working environments that are a part of the CACC training program. Also this information will be provided to medical examiners in case of injury or illness while participating in CACC activities.</p> <p><b>THE INFORMATION YOU PROVIDE MUST BE ACCURATE AND COMPLETE.</b> You are encouraged to consult your private physician regarding past illnesses. Proof of immunization for Polio, Measles, Mumps, Rubella and Diphtheria, Pertussis and Tetanus (DPT) plus Diphtheria and Tetanus (DT) booster may be required. Please attach a photocopy of the cadet's health insurance card, if available.</p>		
<b>1. UNIT / GRADE INFORMATION</b>		
1a. School Name		1b. Grade
<b>2. PERSONNEL INFORMATION</b>		
2a. Last Name		2b. First Name
		2c. MI
		2d. Social Security Number
2e. Age	2f. Date of Birth (DD MMM YY)	2g. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
2h. Parent/Guardian Name		
2i. Home Address		2j. City
		2k. State
		2l. Zip Code + 4
2m. Home Phone		2n. Name of Health Insurance Provider (Cadets must have health insurance to participate)
		2o. Health Insurance identification number or plan number (please attach a copy of the Health Plan ID card if available)
<b>3. CURRENT MEDICATION</b> ( <i>prescription and over-the-counter</i> )		<b>4. ALLERGIES</b> (including insect bites/stings, medicine, and other substances)
<b>5. MEDICAL HISTORY</b> (Mark each item "YES" or "NO" Every item marked yes must be fully explained in block 6)		
<b>HAVE YOU EVER HAD OR DO YOU NOW HAVE ANY OF THE FOLLOWING CONDITIONS:</b>		
	YES   NO	YES   NO
5a. Tuberculosis	<input type="checkbox"/> <input type="checkbox"/>	5n. Head injury, memory loss, or amnesia
5b. Lived with someone with Tuberculosis	<input type="checkbox"/> <input type="checkbox"/>	5o. Seizures, convulsions, epilepsy, or fits
5c. Asthma or breathing problems related to exercise, pollen, etc.	<input type="checkbox"/> <input type="checkbox"/>	5p. Car, train, sea, and/or air sickness
5d. Been prescribed or use an inhaler	<input type="checkbox"/> <input type="checkbox"/>	5q. A period of unconsciousness
5e. Loss of vision in either eye	<input type="checkbox"/> <input type="checkbox"/>	5r. Heart trouble or murmur
5f. Loss of hearing or wear a hearing aid	<input type="checkbox"/> <input type="checkbox"/>	5s. Received counseling for emotional or behavior disorder
5g. Impaired use of arms, legs, hands, feet	<input type="checkbox"/> <input type="checkbox"/>	5t. Eating disorder (bulimia, anorexia)
5h. Knee problems	<input type="checkbox"/> <input type="checkbox"/>	5u. Sleepwalking
5i. Broken bones(s) (cracked or fractured)	<input type="checkbox"/> <input type="checkbox"/>	5v. Bedwetting
5j. Diabetes	<input type="checkbox"/> <input type="checkbox"/>	5w. Been hospitalized ( <i>if yes, why, when, where</i> )
5k. Anemia (including sickle cell)	<input type="checkbox"/> <input type="checkbox"/>	5x. Any illness or injury not mentioned above ( <i>if yes, explain</i> )
5l. Dizziness or fainting spells (including after exercise)	<input type="checkbox"/> <input type="checkbox"/>	5y. Advised to avoid certain physical activities ( <i>if yes, explain</i> )
5m. Frequent or severe headaches	<input type="checkbox"/> <input type="checkbox"/>	5z. <b>FEMALES ONLY:</b> At what age did you begin menstrual cycle:
<b>6. EXPLANATION OF "YES" ANSWER(S)</b> ( <i>Describe answer(s), give date(s) of problems, name of doctor(s) and/or hospitals, treatment given and current medical status</i> )		



## **Consent for Medical/Surgical Care/Emergency Treatment**

We/I hereby give our (my) consent to: California Cadet Corps Staff

who will be caring for our (my) child: \_\_\_\_\_  
(Name of Child)

for the period \_\_\_\_\_ to \_\_\_\_\_ to arrange for routine and/or emergency medical or dental care and treatment as is necessary in their professional judgment.

We/I voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by authorized medical and paramedical staff or their designees, as may, in their professional judgment, be necessary.

We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.

### **Over-The Counter/Non-Prescription Medications**

We further give our consent that the following over-the counter medications may be administered according to package directions by Cadet Corps adult staff members.

*Cross out any medications not approved.*

Acetaminophen (Tylenol) for fever or pain  
Ibuprofen (Advil, Motrin) for fever or pain  
Antibiotic or Neosporin antibiotic ointment to prevent infection  
Hydrocortisone anti-inflammatory rash cream  
Calamine/Caladryl for poison ivy itch relief  
Antifungal creams and sprays for treatment of fungal rashes  
Visine eye drops for dry, irritated eye relief  
Benadryl for allergy symptoms  
Claritin antihistamine for allergy symptoms  
Antacid (i.e. Tums, Maalox, Pepto Bismol, Gaviscon) for relief of stomach upset  
Throat lozenges or cough drops  
Anti-diarrheal medication

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_



**CALIFORNIA CADET CORPS  
PARTICIPANT AGREEMENT  
SURVIVAL TRAINING EXERCISE  
RELEASE OF LIABILITY, WAIVER OF CLAIMS  
AND ASSUMPTION OF RISKS**

**WARNING: BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS  
PLEASE READ CAREFULLY**

In consideration that the California Cadet Corps is allowing my child \_\_\_\_\_, a student at \_\_\_\_\_ to participate in a Survival Training Exercise Trip (as defined below) on lands owned by or under the control of the California National Guard, the following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue, and other terms of this agreement (collectively this "Agreement") are entered into by me with and for the benefit of the California National Guard and the California Cadet Corps.

This trip will take place during the period 22-29 June, 2014, inclusive at Camp Roberts in Central California.

Definition - In this Agreement the term "Survival Training" and "Survival Training Exercise" shall include all activities in any way related to survival activities, including preparation of and use of shelter, preparation and use of traps and snares and the butchering, preparation, and consumption of live animals indigenous to California, location, purification, and consumption of water from natural sources, finding, testing, and consuming edible plants, preparation and use of survival signals, trekking, hiking, all schooling and instruction sessions, loading and unloading of vehicles and camping or overnight stays in the outdoors.

I WAIVE ANY AND ALL CLAIMS that I have or may in the future have against and RELEASE FROM ALL LIABILITY AND AGREE NOT TO SUE the National Guard, the California Cadet Corps, and the school and his/her/its shareholders, directors, officers, employees, agents, assistant guides, instructors, independent contractors, subcontractors, volunteers, chaperons, and representatives (collectively, the "Personnel"), for any loss, property damage, expenses, or personal injury (including death) that my child may suffer as a result of my child's participation in a Survival Training Trip DUE TO ANY CAUSE WHATSOEVER ON THE PART OF THE PERSONNEL, INCLUDING:

- (a) negligence (the meaning of which includes failure to use such care as a reasonably prudent and careful person would use under similar circumstances for the safety of participants on a Survival Training Exercise);
- (b) breach of any other duty imposed by law, including any duty imposed by occupiers liability or other legislation;
- (c) breach of any contract; and
- (d) mistakes or errors in judgment of any kind on the part of the Cadet Corps or its personnel.

I AGREE TO HOLD HARMLESS AND INDEMNIFY THE CADET CORPS and its personnel from any and all liability for any loss, property damage and personal injury (including death) to any third party resulting from my participation in a Survival Training Exercise.

I AM AWARE THAT SURVIVAL TRAINING AND PARTICIPATION IN A SURVIVAL TRAINING EXERCISE HAVE CERTAIN INHERENT DANGERS AND OTHER RISKS, SOME OF WHICH INCLUDE:

- ☐ Survival-activity related injury or illness, including dehydration, psychological trauma, and extreme hunger.
- ☐ Remoteness -The areas used for Survival Training may have not been traveled previously and are not regularly patrolled or examined. I acknowledge I may become lost or separated from the Personnel or my companions because of weather, forested areas and wild and rugged terrain;
- ☐ Weather - weather conditions can be extreme and can change rapidly without warning;
- ☐ AIRPLANE OR HELICOPTER OR OTHER MEANS OF MECHANIZED TRAVEL - additional risks are posed by mechanized travel in survival training areas due to mechanical failure, operational error and changeable weather conditions;

- ☐ WILD AND/OR POISONOUS PLANTS, ANIMALS, AND INSECTS - which are unpredictable in nature and may affect or attack survivalists;
- ☐ CONDUCT OF PERSONNEL - the conduct, including NEGLIGENCE, of the personnel;
- ☐ ILLNESS - which may be caused, among other things, by altitude, untreated water, plants and animals, or the difficulty of maintaining hygiene on Survival Training ;
- ☐ PROXIMITY OF MEDICAL CARE - which may not be readily available or effective in a Survival Training Activity;
- ☐ CHOICE AND USE OF EQUIPMENT - equipment may become faulty or fail or become inappropriate and may not be replaceable or repairable in the course of a Survival Training Exercise; and

I accept all the dangers and risks of Survival Training for my child including without limitation the risks described above and the possibility of personal injury including death, property damage, loss or expenses resulting there from. I acknowledge that the enjoyment and excitement of Survival Training is derived in part from the reward of my cadet earning a red beret at the conclusion of the trip if my child successfully completes the exercise.

I also understand and agree that my child will be searched to ensure that no contraband or disallowed clothing or other items are brought into the survival training area. The purpose of this search is to ensure that no cadet is given an unfair advantage by means of contraband or additional clothing items. This search will be conducted by an adult of the same gender as my child and will involve my child being asked to remove clothing, including undergarments, to check for contraband and disallowed uniform items.

I agree that, although the employees may take precautions to reduce the risks and increase the safety of a Survival Training Exercise, it is not possible for the employees to make the Survival Training Exercise completely safe or free from risk. I willingly accept all the risks and dangers of Survival Training for my child and I willingly agree to the terms of this Agreement even if the employees are found in law to be negligent or in breach of a duty of care or any other obligation to me or my child in the conduct of any Survival Training Exercise.

In entering into this Agreement I am not relying on any oral, visual or written representations or statements made by the employees with respect to the safety of Survival Training other than what is set forth in this Agreement. I agree that this waiver and the agreements it contains will be governed in all respects by and interpreted exclusively in accordance with the laws of the State of California and I irrevocably attorn solely to the jurisdiction of the courts of the State of California. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions of this agreement shall remain in full force and effect.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the presence of:

WITNESS NAME \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

EMERGENCY PHONE (\_\_\_\_) \_\_\_\_\_

**CALIFORNIA CADET CORPS  
PARTICIPANT AGREEMENT  
MARKSMANSHIP TRAINING UNIT  
RELEASE OF LIABILITY, WAIVER OF CLAIMS  
AND ASSUMPTION OF RISKS**

**WARNING: BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS  
PLEASE READ CAREFULLY**

In consideration that the California Cadet Corps is allowing my child \_\_\_\_\_, a student at \_\_\_\_\_ to participate in a Marksmanship Training Exercise (as defined below) on lands owned by or under the control of the California National Guard, the following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue, and other terms of this agreement (collectively this "Agreement") are entered into by me with and for the benefit of the California National Guard and the California Cadet Corps.

This trip will take place during the period 22-29 June, 2014, inclusive at Camp San Luis Obispo in Central California.

Definition - In this Agreement the term "Marksmanship Training" and "Marksmanship Training Exercise" shall include all activities in any way related to marksmanship activities, including the firing of the .177 cal air rifle, the .22 cal smallbore rifle and the US Army EST 2000 simulator with the M4 or similar rifle, all schooling and instruction sessions, loading and unloading of vehicles and camping or overnight stays in the outdoors.

I WAIVE ANY AND ALL CLAIMS that I have or may in the future have against and RELEASE FROM ALL LIABILITY AND AGREE NOT TO SUE the National Guard, the California Cadet Corps, and the school and his/her/its shareholders, directors, officers, employees, agents, assistant guides, instructors, independent contractors, subcontractors, volunteers, chaperons, and representatives (collectively, the "Personnel"), for any loss, property damage, expenses, or personal injury (including death) that my child may suffer as a result of my child's participation in a Marksmanship Training Trip DUE TO ANY CAUSE WHATSOEVER ON THE PART OF THE PERSONNEL, INCLUDING:

- (a) negligence (the meaning of which includes failure to use such care as a reasonably prudent and careful person would use under similar circumstances for the safety of participants on a Marksmanship Training Exercise);
- (b) breach of any other duty imposed by law, including any duty imposed by occupiers liability or other legislation;
- (c) breach of any contract; and
- (d) mistakes or errors in judgment of any kind on the part of the Cadet Corps or its personnel.

I AGREE TO HOLD HARMLESS AND INDEMNIFY THE CADET CORPS and its personnel from any and all liability for any loss, property damage and personal injury (including death) to any third party resulting from my participation in a Marksmanship Training Exercise.

I AM AWARE THAT MARKSMANSHIP TRAINING AND PARTICIPATION IN A MARKSMANSHIP TRAINING EXERCISE HAVE CERTAIN INHERENT DANGERS AND OTHER RISKS.

I accept all the dangers and risks of Marksmanship Training for my child including without limitation the risks described above and the possibility of personal injury including death, property damage, loss or expenses resulting there from. I acknowledge that the enjoyment and excitement of Marksmanship Training is derived in part from the reward of my cadet earning a marksmanship qualification at the conclusion of the trip if my child successfully completes the exercise.

I agree that, although the employees may take precautions to reduce the risks and increase the safety of a Marksmanship Training Exercise, it is not possible for the employees to make the Marksmanship Training

Exercise completely safe or free from risk. I willingly accept all the risks and dangers of Marksmanship Training for my child and I willingly agree to the terms of this Agreement even if the employees are found in law to be negligent or in breach of a duty of care or any other obligation to me or my child in the conduct of any Marksmanship Training Exercise.

In entering into this Agreement I am not relying on any oral, visual or written representations or statements made by the employees with respect to the safety of Marksmanship Training other than what is set forth in this Agreement. I agree that this waiver and the agreements it contains will be governed in all respects by and interpreted exclusively in accordance with the laws of the State of California and I irrevocably attorn solely to the jurisdiction of the courts of the State of California. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions of this agreement shall remain in full force and effect.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the presence of:

WITNESS NAME \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

EMERGENCY PHONE (\_\_\_\_) \_\_\_\_\_

**CALIFORNIA CADET CORPS  
PARTICIPANT AGREEMENT  
MOUNTAINEERING TRAINING UNIT  
RELEASE OF LIABILITY, WAIVER OF CLAIMS  
AND ASSUMPTION OF RISKS**

**WARNING: BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS  
PLEASE READ CAREFULLY**

In consideration that the California Cadet Corps is allowing my child \_\_\_\_\_, a student at \_\_\_\_\_ to participate in a Mountaineering Training Exercise (as defined below) on lands owned by or under the control of the California National Guard, the following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue, and other terms of this agreement (collectively this "Agreement") are entered into by me with and for the benefit of the California National Guard and the California Cadet Corps.

This trip will take place during the period 22-29 June, 2014, inclusive at Camp San Luis Obispo in Central California.

Definition - In this Agreement the term "Mountaineering Training" and "Mountaineering Training Exercise" shall include all activities in any way related to mountaineering activities, including both ascending and descending rappelling towers and mountains, all schooling and instruction sessions, loading and unloading of vehicles and camping or overnight stays in the outdoors.

I WAIVE ANY AND ALL CLAIMS that I have or may in the future have against and RELEASE FROM ALL LIABILITY AND AGREE NOT TO SUE the National Guard, the California Cadet Corps, and the school and his/her/its shareholders, directors, officers, employees, agents, assistant guides, instructors, independent contractors, subcontractors, volunteers, chaperons, and representatives (collectively, the "Personnel"), for any loss, property damage, expenses, or personal injury (including death) that my child may suffer as a result of my child's participation in a Mountaineering Training Trip DUE TO ANY CAUSE WHATSOEVER ON THE PART OF THE PERSONNEL, INCLUDING:

- (a) negligence (the meaning of which includes failure to use such care as a reasonably prudent and careful person would use under similar circumstances for the safety of participants on a Mountaineering Training Exercise);
- (b) breach of any other duty imposed by law, including any duty imposed by occupiers liability or other legislation;
- (c) breach of any contract; and
- (d) mistakes or errors in judgment of any kind on the part of the Cadet Corps or its personnel.

I AGREE TO HOLD HARMLESS AND INDEMNIFY THE CADET CORPS and its personnel from any and all liability for any loss, property damage and personal injury (including death) to any third party resulting from my participation in a Survival Training Exercise.

I AM AWARE THAT MOUNTAINEERING TRAINING AND PARTICIPATION IN A MOUNTAINEERING TRAINING EXERCISE HAVE CERTAIN INHERENT DANGERS AND OTHER RISKS.

I accept all the dangers and risks of Mountaineering Training for my child including without limitation the risks described above and the possibility of personal injury including death, property damage, loss or expenses resulting there from. I acknowledge that the enjoyment and excitement of Mountaineering Training is derived in part from the reward of my cadet earning a mountaineering qualification badge at the conclusion of the trip if my child successfully completes the exercise.

I agree that, although the employees may take precautions to reduce the risks and increase the safety of a Mountaineering Training Exercise, it is not possible for the employees to make the Mountaineering Training Exercise completely safe or free from risk.

I willingly accept all the risks and dangers of Mountaineering Training for my child and I willingly agree to the terms of this Agreement even if the employees are found in law to be negligent or in breach of a duty of care or any other obligation to me or my child in the conduct of any Mountaineering Training Exercise.

In entering into this Agreement I am not relying on any oral, visual or written representations or statements made by the employees with respect to the safety of Mountaineering Training other than what is set forth in this Agreement. I agree that this waiver and the agreements it contains will be governed in all respects by and interpreted exclusively in accordance with the laws of the State of California and I irrevocably attorn solely to the jurisdiction of the courts of the State of California. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions of this agreement shall remain in full force and effect.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the presence of:

WITNESS NAME \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

EMERGENCY PHONE (\_\_\_\_) \_\_\_\_\_

# UNIFORM MEASUREMENT FORM

Cadet Name \_\_\_\_\_  
(print name)

Cadet Head Size: \_\_\_\_\_ inches      Hat Size: \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

Tan BDU Shirt Size: \_\_\_\_\_

Tan BDU Trouser: \_\_\_\_\_

## Directions for Measuring for Hats:

Use a tape measure to measure around your head- across your brow (approx 1" above eye brows), slightly above your ears, keeping the tape parallel to the floor (see figure 1). This measurement requires a "two-person" for accuracy.



Figure 1

## HAT SIZE CHART

HAT SIZE	6 <sup>3</sup> / <sub>4</sub>	6 <sup>7</sup> / <sub>8</sub>	7	7 <sup>1</sup> / <sub>8</sub>	7 <sup>1</sup> / <sub>4</sub>	7 <sup>3</sup> / <sub>8</sub>	7 <sup>1</sup> / <sub>2</sub>	7 <sup>5</sup> / <sub>8</sub>	7 <sup>3</sup> / <sub>4</sub>	7 <sup>7</sup> / <sub>8</sub>	8
US INCHES	21 <sup>1</sup> / <sub>8</sub>	21 <sup>1</sup> / <sub>2</sub>	21 <sup>7</sup> / <sub>8</sub>	22 <sup>1</sup> / <sub>4</sub>	22 <sup>5</sup> / <sub>8</sub>	23	23 <sup>1</sup> / <sub>2</sub>	23 <sup>7</sup> / <sub>8</sub>	24 <sup>1</sup> / <sub>4</sub>	24 <sup>5</sup> / <sub>8</sub>	25

## CLOTHING SIZE CHART (mens size)

T-SHIRT, BDU SHIRT & TROUSER	XS	S	M	L	XL	XXL	XXXL
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## APPENDIX B

### Summer Camp FEE Procedures

ALL cadets attending Summer Camp 2014, must turn a completed Summer Camp Application with all necessary signatures by January 5, 2014. Attached to this application must be either the \$100.00 camp fee or a \$25.00 deposit. This fee may be a money order or a cashier check made payable to Cadet Youth Foundation.

To make it easier for cadets to be able to financially afford the camp fee, we are offering a PAYMENT PLAN.

If you wish to use the payment plan, you will need to fill out the correct Summer Camp Payment Coupon, attach the payment and send to the San Luis Obispo address before the due date. Please note: Fees and payments are Non-Refundable!

#### PAYMENT PLAN with Due Dates

January 5, 2014

I will pay the entire \$100.00 fee.  
or  
I will pay the \$25.00 deposit.

February 5 , 2014

I will pay the remaining \$75.00 fee.  
or  
I will pay the second payment of \$25.00.

March 5, 2014

I will pay the remaining \$50.00 fee.  
or  
I will pay the third payment of \$25.00.

April 5, 2014

I will pay the remaining \$25.00 fee.



## Summer Camp Payment Coupons

Mail to: State of California  
Headquarters, California Cadet Corps  
10 Sonoma Avenue, Building 1301  
Camp San Luis Obispo, CA 93405

### Coupon One

Due Date --- January 5, 2014

Cadet Last Name \_\_\_\_\_ Cadet First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

(please check one box)

☐

I will pay the entire \$100.00 fee.

☐

I will pay the \$25.00 deposit.

**Note:**

Fee / Deposits NON-REFUNDABLE

### Coupon Two

Due Date --- February 5, 2014

Cadet Last Name \_\_\_\_\_ Cadet First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

(please check one box)

☐

I will pay the remaining \$75.00 fee.

☐

I will pay the second payment of \$25.00.

**Note:**

Fee / Payment NON-REFUNDABLE

## Summer Camp Payment Coupons

Mail to: State of California  
Headquarters, California Cadet Corps  
10 Sonoma Avenue, Building 1301  
Camp San Luis Obispo, CA 93405

### Coupon Three

Due Date --- March 5, 2014

Cadet Last Name \_\_\_\_\_ Cadet First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

(please check one box)

☐

I will pay the remaining \$50.00 fee.

**Note:**

Fee / Payment NON-REFUNDABLE

☐

I will pay the third payment of \$25.00.

### Coupon Four

Due Date --- April 5, 2014

Cadet Last Name \_\_\_\_\_ Cadet First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**Note:**

☐

I will pay the remaining \$25.00 fee.

Payment NON-REFUNDABLE