

Release and Hold Harmless Agreement for Adults (18+ years)

I, the undersigned participant, request voluntary participation for myself to participate at Camp Roberts for

Name of Activity: Hunting and Fishing Location: Camp Roberts

Named activity throughout this agreement will be referred to as "Activity."

I consent to participation in Activity and acknowledge that I fully understand my participation may involve risk of serious injury or death, including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where Activity is being conducted, and the rules of play of this type of Activity.

I certify that I am in good health and have no physical condition that would prevent participation in this activity. I consent to emergency medical treatment in the event such care is required while at Camp Roberts.

I agree that photographs, pictures, slides, movies, video, or other media coverage of me may be taken in connection with my participation in Activity without compensation from the Department of the Army, the California Military Department, Camp Roberts, their agents, officers, employees, representatives, service members, contractors, or lessees and consent to the use of photographs, pictures, slides, movies, videos, or other media coverage for any legal purpose.

In consideration of my participation in Activity, **I hereby waive, release, discharge** any and all liability and claims from the Department of the Army, the California Military Department, Camp Roberts, their agents, officers, employees, representatives, service members, contractors, or lessees, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me.

Knowing and understanding the risks involved with participation in Activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with my participation in Activity. I agree I am financially responsible for any losses resulting from my actions and **will indemnify, hold harmless, and promise not to sue** the Department of the Army, the California Military Department, Camp Roberts, their agents, officers, employees, representatives, service members, contractors, or lessees for any loss or damage caused by myself during Activity and from any and all liabilities or claims made as a result of participation in Activity, whether caused by the negligence, active or passive, of release or otherwise.

I acknowledge that the Department of the Army, the California Military Department, Camp Roberts, their agents, officers, employees, representatives, service members, contractors, or lessees are **NOT RESPONSIBLE** for the errors, omissions, acts, or failures to act of any party or entity conducting said Activity at Camp Roberts. This Release and Hold Harmless Agreement will be construed to provide a release and waiver to the maximum extent permissible under applicable law. If any part of this Agreement is held indefinite, invalid, or otherwise unenforceable the rest of the Agreement will continue in full force.

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the Department of the Army, the California Military Department, Camp Roberts, their agents, officers, employees, representatives, service members, contractors, or

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lessees is knowingly given up in return for allowing my participation in Activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

I have read and familiarized myself with the Hunting and Fishing Regulation: _____ (initial)

<p>Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.</p> <p>_____</p> <p>Emergency contact name (print) (Area code) Phone number</p> <p>_____</p> <p>Relationship to the participant</p> <p>List medical/prescription information below:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____ Participant's signature date</p> <p>_____ Participant's Name (print) (Area code) Phone number</p> <p>_____ Address City/State Zip</p>
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