

**School Power of Attorney JROTC Cadet trip to Ft. BenningGa, 10-14 April, 2014**

CADET: \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS: That I, \_\_\_\_\_, a legal  
resident of \_\_\_\_\_ and residing at \_\_\_\_\_,  
(City and State) (Street Address)

have made, constituted and appointed and by these presents do make, constitute and appoint  
**MSG(R) JOHN BROWNING, SARASOTA MILITARY ACADEMY**, whose present address is  
**801 N. ORANGE AVE, SARASOTA, Florida 34236**,  
(Street, City, State and Zip Code)

my true and lawful attorney to act as follows. GIVING and GRANTING unto my said attorney full power  
to authorize medical treatment or examination of myself \_\_\_\_\_,  
(Parent-First and Last Name)

As authorized by my aforesaid authorizations with the same validity as I could myself. Any act or thing  
lawfully done hereunder by my said attorney shall be binding on myself and my heirs, legal and personal  
representatives, and assigns.

PROVIDED, however, that all business transacted hereunder for me or for my account shall be transacted  
in my name, and that all endorsements and instruments executed by my said attorney for the purpose of  
carrying out the foregoing powers shall contain my name, followed by that of my said attorney and the  
designation "attorney-in-fact."

FURTHER, unless sooner revoked or terminated by me, this special Power of Attorney shall become  
NULL and VOID after **14 April, 2014**.

IN WITNESS WHEREFORE, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_,  
2014.

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

**ACKNOWLEDGEMENT  
(By Civilian Notary Public)**

IN WITNESS WHEREOF, I have hereto set my hand and affixed my official seal this \_\_\_\_\_ day of \_\_\_\_\_,  
2014.

My commission expires \_\_\_\_\_

**Notary Public**

Trip to FT. BENNING, GA / BEST RANGER COMPETITION 10-14 April, 2014

**COVENANT NOT TO SUE**  
**Statement Required By Privacy Act of 1974**

1. Authority: Title 10, US Code 2102
2. Principle Purpose(s): To release the U.S. Government, the host institution and the state in which said institution is located, from liability for injury, death, or damages for JROTC cadets participating in voluntary off-campus training programs, practical field exercises and high risk training.
3. Routine Uses: Normal Personnel Actions. Disclosure of information may be provided to proper authorities in actions regarding law enforcement, legal actions as a result of injury or death, investigations of accidents resulting from such voluntary off-campus training, practical field exercises and high risk training.
4. Mandatory or voluntary disclosure and effect on individual not providing information: Disclosure is voluntary. Failure of the individual to complete this form will disqualify JROTC cadet from participating in specific voluntary training exercises.

I, \_\_\_\_\_, residing at \_\_\_\_\_  
(Type or Print Full **Parent Name**) (Street Address)  
\_\_\_\_\_, Phone # (\_\_\_\_\_) \_\_\_\_\_.

Do hereby agree that in consideration for being allowed to participate in the Annual Ft. Benning, Ga / Best Ranger Competition, conducted by the Sarasota Military Academy JROTC Department, and Army Supervised activity, and whereas I am doing so entirely on my own initiative, risk, and responsibility; and being fully aware of the risks adhering to this type of training, I hereby RELEASE AND DISCHARGE FOREVER, the United States Army, the State of Florida, Sarasota Military Academy and the JROTC Department and all of its officers, agents, and employees, acting on officially or otherwise, from any and all claims, demands, actions, or causes of action, on account of myself or on account of any injury to me which may occur from any cause during said activity or continuances thereof; and I do further covenant and agree to hold the said Government of the United States, the State of Florida, Sarasota Military Academy, JROTC Department and its agents and officers blameless for any and all damage which I may cause either intentionally or through my negligence.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

Date: \_\_\_\_\_

**WITNESS:** \_\_\_\_\_ **(NOTARY)**

\_\_\_\_\_  
Date Commission Expires

**WAIVER AND HOLD HARMLESS AGREEMENT**

**(Read Carefully)**

NAME \_\_\_\_\_

*(Please print legibly)*

ORGANIZATION Sarasota Military Academy JROTC PHONE 941-926-1700

*(If you are a military dependent, provide your sponsor's rank, organization, and phone number)*

I, \_\_\_\_\_ desire to participate in **Rappelling** to be held at Fort Benning, Georgia on **10-14 April, 2014**. By my signature on this document, I acknowledge that I am aware of the risks posed by my utilization of Government transportation and participation in this event. I understand that certain activities which have been proposed are both physically rigorous and entail a certain element of risk. I also certify that my physical health is such that I am able to participate in this familiarization training. Therefore, in consideration for the benefits I will receive, I agree to release and hold harmless the United States from any damages to property or injuries which I may suffer incident to or arising out of my participation in this event.

Specifically, I agree to release and hold harmless the United States, its officers and its agents, from any and all liability and claims for damages to property or injuries to persons that may arise or be incident to either my transportation to and from or participation in this event. Further, I agree to release and hold harmless the United States, its officers and its agents, against any claims, demands, actions, debts, liabilities, judgments, costs, or attorney's fees arising out of, claimed on account of, or in any manner predicated upon my use of Fort Benning facilities and/or equipment including any loss or damage to property, any injury or death of any person, in any manner, caused or contributed to by the United States, its officers, or its agents.

**BY SIGNING, I DECLARE THAT I HAVE READ AND VOLUNTARILY ENTER INTO THE TERMS OF THIS WAIVER AND HOLD HARMLESS AGREEMENT.**

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent or Guardian (if above is a minor)**

\_\_\_\_\_  
**Date**

**Verified by Government Representative:**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**