

NEW PROCESS PLEASE READ



CIVIL AIR PATROL UNITED STATES AIR FORCE AUXILIARY OFFICE OF CADET PROGRAMS

25 Feb 2015

MEMORANDUM FOR CIVIL AIR PATROL CADETS AND SENIORS

FROM: RHODE ISLAND WING OFFICE OF CADET PROGRAMS

SUBJECT: Application Process for RI Wing Basic Encampment / Ground and Air Search and Rescue

1. Pre-Application Information

- a. This year's Rhode Island Wing Encampment 2015 has been scheduled for April 19-25, 2015
The cost this year will be \$160.00. Checks can be made out to RI CAP Encampment.
- b. This year there will be two schools available.
 - i. **Basic Encampment**- Designed for first time attendee's.
Prerequisite: Obtained the grade of Cadet Airman (Curry Achievement).
 - ii. **Ground Search and Rescue**- Designed to teach and qualify Cadets and Seniors to GTM level 3 that are entry level. Along with Urban Direction Finder. Prerequisite: Basic Encampment (for cadets), GES, 116 and 117, ICS 100 test. Senior and Cadets can apply

2. Application Process

- a. Fill out the Following forms attached to this document:
 - ☐ R.I. Encampment Application (RIWG Form 31A) 5 pages
 - ☐ CAP Members Health History (CAP Form 160) 2 pages
 - ☐ Emergency Information (CAP Form 161)
 - ☐ Air Transportation Agreement for Quonset Air Guard C-130 DD1251
 - ☐ Release, Hold Harmless Agreement and Authorization for Rock Wall Liability
 - ☐ Release and Indemnification Agreement for Army Guard Blackhawk
 - ☐ Release and Hold Harmless Agreement Fogarty Rappel Tower
 - ☐ Parental/Guardian Release and Indemnification Agreement Varnum (Cadet)
 - ☐ General Release and Indemnification Agreement (Senior)
 - ☐ OTC Medication Permission form

Please ensure all forms are filled out completely, if forms are not all filled out your cadet may not be able to participate in all of the events throughout the week.

Please mail all forms and payment to:

RI Civil Air Patrol
Attn: Encampment
1 Hercules Drive North
Kingstown RI 02852

3. Deadline	Cadet Command Staff: 14 Mar 2015
	Cadet & Senior Staff: 14 Mar 2015
	Basic Cadets: 11 April 2015

4. Application Summary

a. Rhode Island Wing Personnel

Step 1: Fill out forms fully

Step 2: Have your parents and squadron commander endorse your CAPF 31

Step 3: Mail your application to the address above

b. Out-of-State Personnel

Step 1: Fill out forms fully

Step 2: Have your parents and squadron commander endorse your CAPF 31

Step 3: Have your Wing commander endorse your CAPF 31. Then mail.

c. Out-of-Region Personnel

Step 1: Fill out forms fully

Step 2: Have your parents and squadron commander endorse your CAPF 31

Step 3: Have your regions Commander endorse your CAPF 31. Then mail.

5. Arrival & Departure Schedule (All times are local)

- Saturday, April 18 – Encampment Staff Arrival 0700 hrs Camp Varnum, Narragansett RI
- Sunday, April 19 – Arrival of cadet attendee's between 1200 - 1400 hrs. Camp Varnum, Narragansett, RI
- Saturday, April 25 – 6:30pm Encampment graduation. Parents and friends are welcomed to attend. Camp Varnum

6. Location

The Rhode Island Wing Encampment will again be held at Camp Varnum, Narragansett, RI

Ultimately transportation to and from the encampment site is purely the responsibility of attendees. RI Wing may offer transportation to/from the following sites upon request.

- T.F. Green State Airport (PVD), Rhode Island
- Logan International Airport (BOS), Boston, Massachusetts
- 'Cross Sound Ferry' Terminal and Amtrak Station, New London, Connecticut *Requests must be written (e-mail preferred) and submitted by **14 Mar 2015**.

8. Contacts

Any questions may be directed towards:

Encampment Commander: Lt Lewis Walton

email: patroitc1@yahoo.com

APPLICATION FOR THE 2015 Rhode Island WING ENCAMPMENT

Please print in blue or black ink. ANY APPLICATIONS turned in without ALL necessary signatures will be considered incomplete and will have to be redone. Social Security # MUST be provided to get on base.

Name (Last, First, Middle Initial)					Joined CAP (MM YY)		APPLICATION FOR: Senior Staff <input type="checkbox"/> Cadet Basic <input type="checkbox"/> Cadet Staff <input type="checkbox"/> GSAR <input type="checkbox"/> <input type="checkbox"/> Cadet Commander <input type="checkbox"/> Cadet Deputy Commander <input type="checkbox"/> Cadet Executive Officer <input type="checkbox"/> Cadet First Sergeant <input type="checkbox"/> Executive Staff <input type="checkbox"/> Flight Line Staff <input type="checkbox"/> Where I'm needed!
CAP ID	Social Security Number (Last 4 digits ONLY) XXX-XX-____	CAP Grade	Unit Charter Number	Region	Wing		
Mailing Address (Number and Street)							
(City)				(State)	(ZIP Code)		
Date of Birth (Month, Day, Year)	Height	Weight	Gender	Hair Color	Eye Color		
Religious Preference	Occupation (Senior)		Home Phone				
Participant's E-Mail Address				Participant's Cell Phone			
MOTHER'S E-Mail Address				MOTHER'S Cell Phone			
FATHER'S E-Mail Address				FATHER'S Cell Phone			

Staff/Participant Sizing Information – Please check one.

Tee Shirt Size: ☐XS ☐S ☐M ☐L ☐XL ☐XXL ☐XXXL

ALL completed applications **MUST** be checked by squadron commanders and delivered to RIWG HQ by the following deadlines:

Cadet Command Staff: 14 mar 2015

Cadet & Senior Staff: 14 Mar 2015

Basic Cadets: 11 April 2015 ☐

C Complete RIWG Form 31A (Pages 1-3)

- **ALL** signatures of cadets, parents, squadron commanders and out-of-state wing commanders **MUST** be provided or application will be returned and may miss the deadline.

☐ **Complete Cadet Self-Medication for Encampment (Page 4)**

- **ALL** prescription **AND** over-the-counter meds (i.e. Advil, Tums, Midol, etc.) **AND** other health care supplies (i.e. sunscreen, bug repellent, pain patches, etc.) **need to be included on this list.**
- **Physician's signature is required for any prescription medications. Please note if the medication will require refrigeration.**

☐ **Complete RI National Guard Training Release (Page 5)**

☐ **Complete CAPF 160 and CAPF 161 (Pages 6, 7, & 8)– must be attached**

☐ **CADETS: Check for \$160.00 made out to "CAP-RIWG"**

- *Please write "2014 RIWG Encampment" AND your cadet's CAPID on the check's MEMO LINE.*

☐ **Complete Additional Release Forms that are attached**

APPLICATION FOR THE 2015 RHODE ISLAND WING ENCAMPMENT

RELEASE AND HOLD HARMLESS

This application is being submitted for the Civil Air Patrol Rhode Island Wing Encampment to be conducted at the Rhode island Army National Guard Facilities located at Camp Varnum, Narragansett, Rhode island the Encampment. This application is being made entirely upon my own or our and my child's own initiative, risk and responsibility to participate in the training at the first available opportunity and with full knowledge that the Encampment may include:

1. Traveling by land, sea or air in U.S. Military, commercial or privately owned vehicles from regular place of residence to the site of the Encampment, travel incident to the Encampment and subsequent return to place of residence;
2. Participation in a wide variety of physical activities;
3. Participation in aeronautical activities as a passenger or student trainee in U.S. Military, commercial or privately owned aircraft;
4. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions;
5. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time;
6. Remaining with the cadet group assigned to at all times during the Encampment;
7. Acting as a spokesperson for Civil Air Patrol, rendering reports on the Encampment, which may include, without limitation, being interviewed by the news media;
8. Refraining from argumentative discussions concerning lawful orders and/or government policies.

In consideration for the permission extended to me/us whereby my child or myself, _____

Participant

is about to participate in the Encampment, the Participant is doing so entirely upon his or her own initiative, risk and responsibility; and with full knowledge, consent and approval by me as the Participant or Participant's (Parent/Legal Guardian). In consideration for the permission extended to me (participant) or my child (participant) by the Civil Air Patrol, Inc., the United States of America, the State of Rhode Island, the Rhode Island Army National Guard, and the Civil Air Patrol Rhode island Wing, through its members, officers, agents, employees acting officials or otherwise to participate in the Encampment, to the fullest extent allowed by law, I do hereby for myself, my child, my heirs, executors, administrators and assigns, release and forever discharge the Civil Air Patrol, Inc., the United States of America, the State of Rhode Island, the Rhode Island Army National Guard and the Civil Air Patrol–Rhode island Wing, its members, officers, agents, employees, acting officials or otherwise, from and against any and all claims, demands, actions, causes of actions on account of death or bodily injury of any kind or nature to myself or my child(ren) which may occur as a result of the Training whether or not such bodily injury or death is caused in whole or in part by the active or passive negligence of the Civil Air Patrol, Inc. the United States of America, the State of Rhode island, the Rhode Island Army National Guard, and the Civil Air Patrol – Rhode Island Wing, its members, officers, agents, employees, acting officials or otherwise.

Further, to the fullest extent permitted by law, I do hereby for myself, my child, my heirs, executors, administrators and assigns agree to defend, indemnify and save harmless the Civil Air Patrol, Inc., the United States of America, the State of Rhode Island, the Rhode Island Army National Guard, and the Civil Air Patrol – Rhode Island Wing, its members, officers, agents, employees, acting officials and otherwise from and against any and all claims, losses, expenses (including attorneys' fees), demands, actions, causes of actions arising out of or resulting from the Training, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury or destruction of tangible property, but only to the extent caused by the negligent acts or omissions of the Participant or me or anyone for whom the Participant or I may be liable regardless of whether or not such claim, damage, loss or expense, is caused in whole or in part by a person or entity indemnified hereunder.

Further, I understand that the news media may be invited to view, photograph or film portions of the Encampment, and to interview Participants. I agree and consent to the use of my own or my child's (participant's) photograph, image, quote or voice in news presentations.

I further agree that I, as the Participant, will not leave The Rhode Island Wing Encampment unless authorized or directed to do so by the Encampment Commander or designated legal representative.

Participant Initials: _____

Parent or Legal Guardian Initials: _____

APPLICATION FOR THE 2015 RHODE ISLAND WING ENCAMPMENT

RELEASE AND HOLD HARMLESS (Continued)

I/we further represent and warrant the following:

1. If the Participant is a child, that the Participant is my child or legal ward;
2. That the Participant has no history of injury or disease which might be affected by the Encampment, except those disclosed in the medical information section of this form;
3. That the Participant will follow all lawful orders, rules, regulations and directives as established by the Encampment Commander, or other staff members. In the event the Participant refuses to follow the aforementioned lawful orders, rules, regulations and directives, the Participant may be sent home at the discretion of the Encampment Commander at my/our sole cost and expense.

Further, in the case of injury, disease or other illness, permission is hereby granted to treat the Participant as required, and if the Participant is released from the Encampment before the recovery of said injury, disease or illness, further treatment will be provided by myself. **(PLEASE SIGN ON THE LINE PROVIDED and provide a witness signature.)**

Date	Participant's Name (print)	Participant's Signature	Witness Signature
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ALL CADETS MUST PROVIDE THIS INFORMATION REGARDLESS OF AGE:

Parent/Legal Guardian Name (print) _____

Parent/Legal Guardian Signature _____

Witness Signature _____

Parent/Legal Guardian: Home Phone _____ Cell Phone _____

E-Mail _____

SQUADRON CERTIFICATION

I certify that the above information is correct and that all the requirements for attendance, as specified in National Headquarters and/or Rhode Island Wing Headquarters Directives, will be completed by the required dates. This applicant is applying for:

☐ CADET ☐ CADET STAFF ☐ SENIOR STAFF ☐ GSAR

Date	Squadron Commander Printed Name	Squadron Commander Signature	Phone	E-Mail
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OUT OF STATE WING CERTIFICATION – Participants NOT from RIWG

I certify that the above information is correct and that all the requirements for attendance, as specified in National Headquarters and/or Rhode Island Wing Headquarters Directives, will be completed by the required dates. This applicant is applying for:

☐ CADET ☐ CADET STAFF ☐ SENIOR STAFF ☐ GSAR

Date	Group Commander (if necessary) Printed Name	Group Commander (if necessary) Signature	Phone	E-Mail
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Date	Wing Commander Printed Name	Wing Commander Signature	Phone	E-Mail
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APPLICATION FOR THE 2015 RHODE ISLAND WING ENCAMPMENT

CADET SELF-MEDICATION FOR ENCAMPMENT

The Civil Air patrol ("CAP") is not a health care provider, and CAP members are not permitted to act in the role of health care providers during the performance of official CAP duties. Consequently, CAP members are not permitted to function as pharmacists, physicians, nurses, or in any other role that would permit the administration and dispensing of prescription and non-prescription drugs under various federal and state laws and regulations. The taking of prescription medication is the responsibility of the individual member for whom the medication was prescribed or, if the member is a minor, the member's parent or guardian and physician.

Your child (the "Cadet") will be attending CAP encampment and to the extent the Cadet needs or requires prescription or non-prescription medication you shall provide such medication to the Cadet for use at Encampment and further you and the Cadet's physician certify that the Cadet is competent to self-medicate and use the medication in accordance with the instructions prescribed by the Cadet's physician.

Medication for the Cadet (list, **include any over the counter items such as sunscreen, bug spray, aspirin and upset stomach medications**):

CAP will log in and securely store all prescription and non-prescription medication and make such medication available to the Cadet when requested by the Cadet for use during Encampment. The Cadet is responsible for taking any medication in accordance with such medications directions for use.

Name of Cadet

Parent or Legal Guardian

Physician

APPLICATION FOR THE 2015 RHODE ISLAND WING ENCAMPMENT

*The RING may provide helicopter or airplane flights for RIWG encampment. **ALL** participants must fill this out.*

LIABILITY RELEASE AND INDEMNIFICATION AGREEMENT

In consideration of the Rhode Island National Guard's permission extended to me to participate on orientation flights and other activities, I hereby release the United States of America and the State of Rhode Island, the Adjutant General, their agents, servants and other employees, from any liability for damage or injury to any person and property caused by the intentional, negligent, grossly negligent, willful, wanton and reckless conduct due to the acts of the above named sovereignties, their agents, servants and other employees for the duration of this activity. I hereby sign this waiver entirely upon my own volition, initiative, risk, and responsibility in consideration to participate in this flight.

I further agree to defend, indemnify and otherwise hold harmless the United States and the State of Rhode Island, their agents, servants and other employees, in any and all actions, either in law or equity, which may be brought against them for damage or injury or death to myself or any person or his/her property which may arise out of this activity, performed by the Rhode Island National Guard, its agents, servants or other employees, licensees or invites, be it intentional or negligent, grossly negligent or willful, wanton or reckless, while using the aforementioned equipment.

I, _____, INDIVIDUALLY AND FOR MY SUCCESSORS, HEIRS, LEGATEES AND
Participant

ASSIGNS, HEREBY AGREE TO DEFEND, INDEMNIFY, AND OTHERWISE HOLD HARMLESS THE ABOVE-MENTIONED SOVEREIGNTIES FOR CLAIMS, ACTIONS OR AWARD AGAINST SAID SOVEREIGNTIES BY ME OR ON MY BEHALF.

I HAVE READ THE ABOVE AND UNDERSTAND ALL THE AGREEMENTS AND WARNINGS CONTAINED THEREIN.

Signed _____

If cadet, parent **MUST** sign.

Address _____

Telephone: _____

Date: _____

Witness Signature: _____

Witness Name (Print)

(Designation)

CAP MEMBER HEALTH HISTORY FORM

This information is CONFIDENTIAL and for official use only. It cannot be released to unauthorized persons. Answer all questions as accurately as possible so that the activity or encampment staff can make themselves aware of any pre-existing medical problems or conditions and be alert to help you. This form will also provide medical information in a case when you are unable to do so.

Name (Last, First, Middle)			Grade	CAPID	Charter Number
Date of Birth	Height	Weight	Hair Color	Eye Color	Gender

Allergies: List Names of Medication or Other Allergies (*i.e., bee sting, food, plants*) and types of reactions; please note food allergy details with dietary restrictions below on back as well.

Do You Now Have Or Have You Ever Had Any Of The Following? *Explain any yes' in the remarks section below or attach additional sheet. Conditions not specifically noted below having the potential to interfere with performance during the special activity or encampment should be documented in the remarks section.)*

If "Yes" is marked in an item with multiple choices, please circle which problem applies.

No	Yes		No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Decreased vision, glaucoma, contacts	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or recurring injuries
<input type="checkbox"/>	<input type="checkbox"/>	Ear infections, perforation	<input type="checkbox"/>	<input type="checkbox"/>	Activity, mobility restrictions
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty equalizing ears	<input type="checkbox"/>	<input type="checkbox"/>	Use of cane, walker, wheelchair
<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss, hearing aid	<input type="checkbox"/>	<input type="checkbox"/>	Back or neck pain or injury
<input type="checkbox"/>	<input type="checkbox"/>	Allergies, nasal stuffiness	<input type="checkbox"/>	<input type="checkbox"/>	Migraine or severe headaches
<input type="checkbox"/>	<input type="checkbox"/>	Anaphylaxis, serious allergic reaction	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells
<input type="checkbox"/>	<input type="checkbox"/>	Asthma, emphysema (COPD)	<input type="checkbox"/>	<input type="checkbox"/>	Head injury, unconsciousness
<input type="checkbox"/>	<input type="checkbox"/>	Ever use an inhaler	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or seizure
<input type="checkbox"/>	<input type="checkbox"/>	Short of Breath with activity	<input type="checkbox"/>	<input type="checkbox"/>	Stroke, paralysis
<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack, chest pain, angina	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid problems (low or high)
<input type="checkbox"/>	<input type="checkbox"/>	Heart murmur, heart problems	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes, high or low blood sugars
<input type="checkbox"/>	<input type="checkbox"/>	Congestive heart failure	<input type="checkbox"/>	<input type="checkbox"/>	Cancer, leukemia
<input type="checkbox"/>	<input type="checkbox"/>	Irregular or rapid heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	Blood disease, hemophilia
<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Motion sickness
<input type="checkbox"/>	<input type="checkbox"/>	Stomach trouble, ulcers	<input type="checkbox"/>	<input type="checkbox"/>	Special diet, food allergies
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis or liver problems	<input type="checkbox"/>	<input type="checkbox"/>	Current bedwetting problems
<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea, constipation	<input type="checkbox"/>	<input type="checkbox"/>	ADD (Attention Deficit Disorder)
<input type="checkbox"/>	<input type="checkbox"/>	Hernia or rupture	<input type="checkbox"/>	<input type="checkbox"/>	Mental illness (bipolar, other)
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease or stones	<input type="checkbox"/>	<input type="checkbox"/>	Depression, anxiety, suicidal
<input type="checkbox"/>	<input type="checkbox"/>	Prostate problems (men)	<input type="checkbox"/>	<input type="checkbox"/>	Admission to the hospital
<input type="checkbox"/>	<input type="checkbox"/>	Frequent urination	<input type="checkbox"/>	<input type="checkbox"/>	Other chronic medical illnesses
<input type="checkbox"/>	<input type="checkbox"/>	Menstrual cramps (women)	<input type="checkbox"/>	<input type="checkbox"/>	Sleep disorder, sleep apnea
<input type="checkbox"/>	<input type="checkbox"/>	Broken bone, joint problems	<input type="checkbox"/>	<input type="checkbox"/>	Serious Injury

Dietary Restrictions or Limitations (*List any dietary restrictions like food allergies, diabetes, gluten-free, vegetarian diets, etc.*)

Past Surgical History (*List all surgeries including tonsils, ear tubes, appendix, gall bladder, hernia, hysterectomy, heart, heart catheterization, bone and joint and all other surgeries.*)

Date Tetanus Booster
☐ No Td or Tdap
Date:

Hepatitis Vaccine
☐ No
Date:

Pneumonia Vaccine
☐ No
Date:

Varicella Immunization/chickenpox
☐ No
Date:

Influenza Vaccine
☐ No
Date:

Medication Information - *Include supplements, over-the-counter medicines, herbals, creams, etc., or write "None".*

Name of Medication/Inhaler	Tablet Strength	Times taken per day	Reason for Medication	Any Special Dosing or Storage Instructions (i.e., as needed, with meals, must be refrigerated, etc.)
1.				
2.				
3.				
4.				

Social History

Tobacco Use (*packs per day, years smoked, smokeless tobacco use*)

Occupation (*student or other*)

Religious Preference

Remarks (*Attach additional sheet if needed*)

CONSENT FOR MINOR CADET PARTICIPATION, MEDICATIONS, TREATMENT

I give permission for full participation in CAP programs, subject to any limitations noted herein.

My signature below evidences my consent for my child/ward to possess and self-administer the prescription medications listed above. I understand that there are legal limitations imposed on CAP senior members with regard to the involuntary administration of medications to my child/ward. (Cross out if permission is denied).

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge exam/test results and treatment provided.

DATE

SIGNATURE OF PARENT/GUARDIAN

EMERGENCY INFORMATION (Insurance/Physician Information, Emergency Contacts, Minor Consents)				
Name <i>(Last, First, Middle)</i>		Grade	CAPID	Charter Number
Mailing Address <i>(Number and Street)</i>		City	State	Zip Code
<i>(Area Code)</i> Home Phone		<i>(Area Code)</i> Cell Phone		
Primary Insurance Information <i>(Please attach copy of insurance cards, front and back)</i>				
Medical Insurance Company	Policy Number	Group Code/Number	Co-Pay Amount \$	
Prescription Coverage Company	Policy Number	Group Code/Number	Co-Pay Amount \$	
Family Physician				
Name		<i>(Area Code)</i> Phone		
Mailing Address <i>(Number and Street)</i>		City	State	Zip Code
Emergency Contact <i>(Parent, guardian or closest relative to be notified in case of emergency)</i>				
Name		Relationship to Applicant		
Mailing Address <i>(Number and Street)</i>		City	State	Zip Code
<i>(Area Code)</i> Pager	<i>(Area Code)</i> Cell/Mobile Phone	<i>(Area Code)</i> Day Phone	<i>(Area Code)</i> Night Phone	
Unit Commander Name and Grade		Unit Name		
<i>(Area Code)</i> Unit Commander Day Phone		<i>(Area Code)</i> Unit Commander Night Phone		

AIR TRANSPORTATION AGREEMENT		DATE
PLACE 143rd Airlift Wing, R.I. Air National Guard Quonset ANGB, Quonset Point, RI	FULL NAME	
PERMANENT ADDRESS		
<p>For and in consideration of being permitted to fly as a passenger in aircraft operated by or on behalf of the United States of America, for and on behalf of myself, my personal representatives, heirs and assigns, I hereby release and discharge the United States, its agents, servants, or employees from any and all claims for property damage and/or personal injury or death resulting from or during said flight or flights or continuances thereof or from ground operations incident thereto.</p>		
SIGNATURE		
WITNESS	WITNESS	
NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN EMERGENCY		

DD Form 1381, JUL 62 (EG)

Reset

Designed using Perform Pro, WHS/DIOR, Dec 96

RELEASE, HOLD HARMLESS AGREEMENT
and AUTHORIZATION

Date: _____

Name of Participant:

(Last, First, Middle Initial)

I authorize my child named above to participate and climb in the Army National Guard's Recruiting and Retention Resource Management's Rock Wall on _____. I understand that participation is voluntary and that while care and attention will be given to the health and safety of the participants, the Rhode Island National Guard, the State of Rhode Island and the United States of America, their agents, servants and/or employees shall not be liable for injury or death sustained by my child while participating in this activity. I understand that participation in this Rock Wall Climb activity involves risk of injury or death and I accept and assume sole responsibility and liability for my child for such risks.

I hereby release the Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants and/or employees of and from any and all claims, demands, damages, losses, expenses relating to all harm, personal injuries or death, including but not limited to those resulting from negligence, that my child may sustain which in any way relate to or arise out of my child's participation in the Low Ropes and/or High Ropes Course activities. I shall indemnify and hold harmless the Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants and/or employees from and against any and all claims, demands, damages, losses, expenses, attorneys fees, actions, causes of action, suits or judgments by or on behalf of my said child, his/her heirs, executors, administrators, successors/assigns, or any other person or persons on his/her behalf, arising from or in any way relating to any harm, personal injuries or death, that my child may sustain as a result of my child's participation in the Rock Wall Climb activity.

I hereby authorize the Rhode Island National Guard to secure such emergency medical advice and/or services as may be necessary for the health and safety of my child and I agree to accept full financial responsibility for any such medical advice and services.

I understand that Rhode Island news media and the Rhode Island National Guard may view, photograph, and/or film portions of the Rock Wall Climb activity and interview participants. I authorize the use and/or publication of my child's photograph, image, quote and/or voice in connection with his/her participation in the Rock Wall Climb activity.

Signature of Parent/Guardian:

LIABILITY RELEASE AND INDEMNIFICATION AGREEMENT

In consideration of the Rhode Island National Guard's permission extended to me to participate in a Blackhawk Helicopter Orientation Flight, I hereby release the United States of America and the State of Rhode Island, the Adjutant General, their agents, servants and other employees, from any liability for damage or injury to any person and property caused by the intentional, negligent, grossly negligent, willful, wanton and reckless conduct due to the acts of the above named sovereignties, their agents, servants and other employees for the duration of this activity. I hereby sign this waiver entirely upon my own volition, initiative, risk, and responsibility in consideration to participating in this flight.

I further agree to defend, indemnify and otherwise hold harmless the United States and the State of Rhode Island, their agents, servants and other employees, in any and all motions, either in law or equity, which may be brought against them for damage or injury or death to myself or any person or his/her property which may arise out of this activity, performed by the Rhode Island National Guard, its agents, servants or other employees, licensees or invitees, be it intentional or negligent, grossly negligent or willful, wanton or reckless, which using the aforementioned equipment.

I, _____, INDIVIDUALLY AND FOR MY SUCCESSORS, HEIRS, LEGATEES AND ASSIGNS, HEREBY AGREE TO DEFEND, INDEMNIFY, AND OTHERWISE HOLD HARMLESS THE ABOVE-MENTIONED SOVEREIGNTIES FOR CLAIMS, ACTIONS OR AWARD AGAINST SAID SOVEREIGNTIES BY ME OR ON MY BEHALF.

I HAVE READ THE ABOVE AND UNDERSTAND ALL THE AGREEMENTS AND WARNINGS CONTAINED THEREIN.

Parent / Guardian _____

Cadet / SSN: _____

Address _____

Telephone: _____

Date: _____

Witness:

(Name)

(Designation)

Two executed copies of this form will be prepared. The licensee shall keep one copy and one copy shall be kept on file at State Headquarters.

**PARENTAL/GUARDIAN RELEASE AND
INDEMNIFICATION AGREEMENT**

I/WE, as parent(s) and/or guardian(s) of

_____ a minor, in consideration of the permission granted by the Rhode Island National Guard for the use of the grounds and facilities at Camp Fogarty, East Greenwich, Rhode Island, do hereby release, acquit, discharge and covenant to hold harmless the United States of America, the State of Rhode Island, their agents, servants and other employees, from any action or claim for personal injury or property damage arising out of said minor's use of Rhode Island National Guard grounds and facilities at Camp Fogarty, in East Greenwich, Rhode Island. Camp Varnum Narragansett Rhode Island, Quonset Air National Guard Station North Kingstown Rhode Island Moreover, I/WE , as parent(s) and/or guardian(s) of said minor, fully recognize that certain activities may, by their nature, pose varying degrees of inherent risks or potential hazards which may result in serious bodily injury or even death to said minor. I/WE, as parent(s) and/or guardian(s), on behalf of said minor, knowingly and willingly assume any and all risks involved during minor's use of the grounds and facilities at Camp Fogarty, in East Greenwich, Rhode Island.Camp Varnum Narragansett Rhode Island, Quonset Air National Guard Station North Kingstown Rhode Island.

We therefore agree to defend, indemnify and otherwise hold harmless the United States of America and the State of Rhode Island, their agents, servants and other employees, from any action in tort, equity or otherwise that said minor may have as a result of the use of said facility.

WE HAVE READ THIS AGREEMENT IN ITS ENTIRETY AND UNDERSTAND THE
TERMS AND CONDITIONS CONTAINED HEREIN.

(Witness)

(Parent/Guardian)SIGNED

(Witness)

(Parent/Guardian)SIGNED

DATED_____

GENERAL RELEASE AND INDEMNIFICATION AGREEMENT

I, _____ in consideration of the permission granted to me by the Rhode Island National Guard for the use of the grounds and facilities at Camp Fogarty, East Greenwich, Rhode Island, and Camp Varnum Narragansett Rhode island , and also Quonset Air National Guard Station North kingstwon Rhode Island do hereby release, acquit, discharge and covenant to hold harmless the United States of America, the State of Rhode Island, their agents, servants and other employees, from any action or claim for personal injury or property damage arising out of said use of Rhode Island National Guard grounds and facilities at Camp Fogarty, in East Greenwich, Rhode Island, Camp Varnum Narragansett Rhode Island, Quonset Air National Guard Station North Kingstown Rhode Island . Moreover, I fully recognize that certain activities may, by their nature, pose varying degrees of inherent risks or potential hazards which may result in either serious bodily injury or possibly my death. I knowingly and willingly assume any and all risks involved during my use of the grounds and facilities at Camp Fogarty, in East Greenwich, Rhode Island. Camp Varnum Narragansett Rhode Island, Quonset Air National Guard Station North Kingstown Rhode Island.

I, individually and for my successors, heirs, legatees and assigns, agree to defend, indemnify and otherwise hold harmless the United States of America and the State of Rhode Island, their agents, servants and other employees, from any action in tort, equity or otherwise that I may have as a result of the use of said facility.

I HAVE READ THIS AGREEMENT IN ITS ENTIRETY AND UNDERSTAND THE
TERMS AND CONDITIONS CONTAINED HEREIN.

_ (Witness)

_ (Parent/Guardian)

DATED _____

Over-the-counter Medication Permission Form

To help reduce the number of phone calls made to parents during this year encampment, the Civil Air Patrol Medic has compiled a list of Over the Counter medications that will be available at this year's encampment. Please check any that your cadet may receive without needing to be contacted. Parent/Guardian will be contacted if the same over the counter medication is requested more than 3 times.

<input type="checkbox"/>	Advil
<input type="checkbox"/>	Cough Drops
<input type="checkbox"/>	Hydrocortisone Ointment
<input type="checkbox"/>	Antacid
<input type="checkbox"/>	Tylenol
<input type="checkbox"/>	Tums
<input type="checkbox"/>	Throat Lozenges
<input type="checkbox"/>	Neosporin
<input type="checkbox"/>	Foot Powder
<input type="checkbox"/>	Benadryl
<input type="checkbox"/>	Imodium A-D Chewable
<input type="checkbox"/>	Milk of Magnesia

All Over-the-counter Medications will be administered as per Package Directions

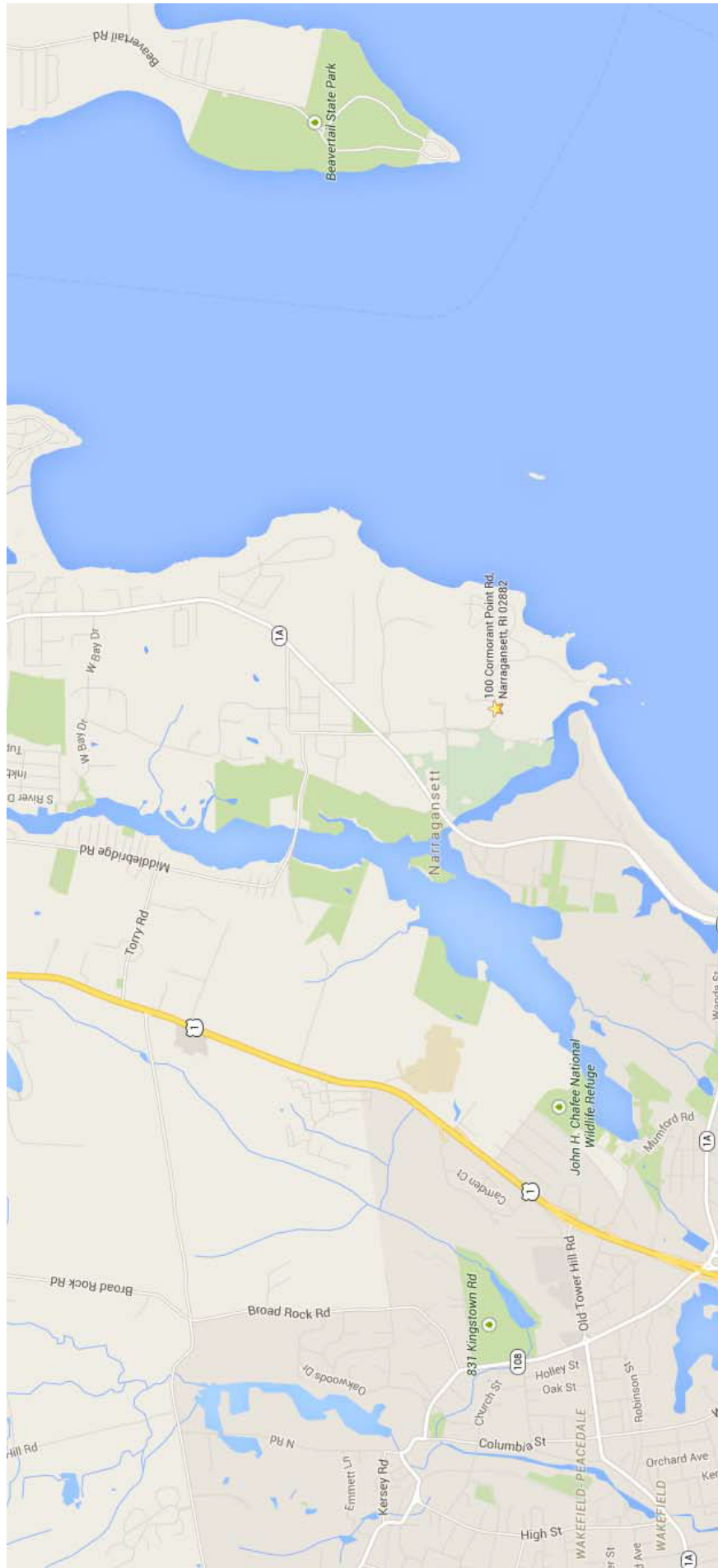
Parent or Guardian: I, the undersigned hereby give permission to the CAP Medic and/or the CAP Senior staff of the CAP Encampment to administer the above medications.

Date: _____

Cadet Printed Name: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____



PLEASE KEEP THIS SHEET

RHODE ISLAND WING 2015 ENCAMPMENT GEAR LIST

You MUST bring the following items:

Uniforms

- BDU's
- 2 sets of BDU pants and blouse (winter and/or summer)
- BDU cap
- Boots, black all-leather combat
- Field Jacket w/liner
- Belt w/ subdued buckle, for BDU's
- Boot socks, wool or cotton (may be black, gray, or white)
- T-shirts, crew neck (preferably black, but brown acceptable)
- Cutouts, grade insignia, all patches properly sewn on, etc.
- Blues
- Pants (male) / slacks or skirt (female)
- Shirt (male) / Blouse (female)
- Tie (male) / Tab (female)
- Socks, black cotton (male) / hose (female)
- Belt w/ silver buckle
- Shoes, dress low-quarter
- T-shirts, white, V-neck (male)
- Flight cap w/insignia
- Nameplate, cutouts, insignia, properly placed and sewn patches, ribbons, etc.

- **72 Hour gear (Ground Team Only)**
- **Flight Suit (aircrew only)** this will be the only authorized uniform while in flight status. Must have patches and name tag*
- **Bathing suit (aircrew only)** for water survival training
- **Reflective belt (aircrew and ground team)**

Civilian Clothing:

- Off-duty clothing
- Pants, shirts, jackets, etc.
- Bathrobe, or similar attire for showering
- Towels / face-cloth
- Undergarments
- Shower shoes or sandals
- Long-johns

Athletic clothing

- Sweatpants or warm-up pants
- Sweatshirt
- Gym Shorts
- Athletic undergarments
- Running sneakers w/socks

General Items

- CAP Identification Card (Required)
- Study materials (Leadership / Aerospace), notebook, pens, pencils
- Bed sheets (flat, **NOT** fitted), pillow with case, blanket (wool preferably).

NO sleeping bags.

- Laundry bag (cloth or plastic)
- Toiletries (soap, shampoo, deodorant, toothbrush, toothpaste, etc)
- Web belt with canteen and holder, flashlight w/batteries, whistle
- Yardstick
- Shoe shine kit
- Clothes hangers
- Sewing kit
- Iron and starch (recommended)

You MAY NOT bring (these items will be confiscated):

1. Weapons or similar paraphernalia (i.e. knives, machetes, firearms, fireworks, etc.)
2. Electronic entertainment devices, phones, pagers, or watches.
3. Illegal drugs, cigarettes, smokeless tobacco products, alcoholic beverages, etc.
4. Water pistols, water balloons
5. Pornographic material
6. Foods, candy, gum, etc.
7. Non-prescription / over-the-counter medication of any kind. Prescription medications must be reported to medical officer during in-processing.
8. Straight-edge razors (safety razors are permitted).

****Note:** It is cold in the morning, please make sure you have sweatpants and sweatshirts to stay warm***
****NOTE** that Rhode Island can get chilly in mid-April.**