

Phone Number: _____ E-mail: _____

Guard For A Day (GFAD)

Acknowledge of Risk, Permission, and Release of Liability

I _____, who was born _____
(Print your name) (Print date of birth)

expressly consent my participation in Guard for a Day on _____. I understand
(Date of GFAD)

that these activities will include becoming familiar with the Oregon National Guard, its jobs, equipment and benefits. Activities include, but are not limited to, riding in military vehicles and learning basic soldier skills, such as marksmanship, Physical Training and sports-oriented games.

Now, therefore, in consideration of my participation in these activities, I further agree and understand that all my risks of personal injury and loss or damage of property in my custody or possession which shall in any manner arise from military equipment or apparatus of any kind whatsoever, or by any accident, however it may occur or be caused, arising out of the above granted permission ins assumed by the undersigned. This waiver does not limit the right of the undersigned to seek compensation through the exercise of State or Federal Law or Regulation as may apply.

I further agree to release and forever discharge for myself, the United States of America, the State of Oregon, the Oregon National Guard, from all claims, demands, actions, or causes of action on account of injury or loss or damage of property which may occur from any cause during the period of the above granted permission

If I am unable to communicate I authorize the representative of the Oregon Army National Guard to make any emergency medical decisions concerning my health on my behalf.

Adult/Parent/Guardian _____ Phone _____

In case of emergency call _____ Phone _____

Home Address _____

Adult/Parent/Guardian Signature

(Date Signed)

OR

Participant Signature (if over 18 years of age)

(Date Signed)