



377th Force Support Squadron, Outdoor Recreation
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 Phone: 505-846-1499/1275, Fax 505-853-1535

PROGRAM RELEASE FORM (WAIVER OF RESPONSIBILITY)
 ALL Outdoor Recreation Programs and Activities

IMPORTANT: THIS IS A LEGAL DOCUMENT: Please read and understand this document before signing. If you have any questions please ask us or consult an attorney

The undersigned agree to participate in Outdoor Recreation Program, Outdoor Activities and tours sponsored by Outdoor Recreation Office, Kirtland AFB, an Agency of the United States Air Force, and whereas the undersigned is fully aware of the risks associated with such participation.

- a. That the purpose of the program is to promote physical fitness and enjoyment of the outdoors through organized Outdoor Recreation activities.
- b. That participants in the program will subject the participant to potentially hazardous outings, such as, white water rafting, camping, hiking, backpacking, horseback riding, sailing, skiing, mountaineering, overnight trips, scuba diving, rock climbing, rock repelling, rock hounding, boating, and other physically strenuous outdoor activities. Participants health does not hinder participation.
- c. That each participant is expected to engage in only those activities that he or she is physically capable of safely accomplishing. Participant does not have any health issues that would prohibit participation. Do you have any medical conditions that would prohibit you on this class/trip/etc.? _____. If you answered "yes", you must have written approval from your doctor before going on trip. Do you have any allergies? Please list: _____
 Emergency contact name: _____ Phone: _____ Cell phone: _____

I acknowledge that I am responsible for the condition of my own personal well being, health, and equipment. Personal effects are my sole responsibility.

I know that growth of vegetation, debris of various types, and many other hazards or obstacles, marked or unmarked, within the area(s) of this particular activity. I assume the dangers involved and waive The United States Air Force; its agents, officers, employees and other personnel (chaperone, trip leaders, and volunteers) of any liability whatsoever for conditions at the area(s) involved.

In the event of storm, inclement weather, acts of God, vehicle malfunction, equipment malfunction, breakdown, strikes, work stoppage, or other causes or events beyond the control of The United States Air Force, its agents, officers, employees, and other personnel (chaperone, trip leader, volunteers) connected with said program; I shall pay and be responsible for all costs, charges, expenses arising out of but not limited to changes imposed by carriers, lodging, management, destination area, equipment rental stores or otherwise.

Therefore, in consideration for the privilege of participating in the Outdoor Recreation Program, the undersigned hereby voluntarily agree to assume risks associated with such a program and does hereby discharge the Government or the United States, and all its agents, officers, employees, and other persons (chaperone, trip leader, volunteers) connected with said program, acting official or otherwise, from any and all claims, demands, actions or causes of action on account of the death or personal injury of the undersigned or on account of the loss or destruction of personal property belonging to the undersigned, which may occur as a result of the undersigned's participation in the aforementioned Outdoor Recreation Program. I understand that all photos taken by US Air Force Employees during any Outdoor Recreation program or trip are property of the United States Air Force and may be used as such.

I acknowledge by my signature below that I have read and understood the customer safety briefing for this trip and the information contained in this waiver.

_____	_____
NAME (Please Print)	
_____	_____
ADDRESS/CITY/STATE/ZIP	PHONE
_____	_____
SIGNATURE	DATE
_____	_____
SIGNATURE OF PARENT OR GUARDIAN OF MINOR	DATE
_____	_____
WITNESS SIGNATURE	DATE
I have been given and understand the safety briefing: (signature required) _____	

