WAIVER AND HOLD HARMLESS AGREEMENT

(READ CAREFULLY)

PARTICIPANT'S NAME: _____

BIRTH DATE: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN NAME: _____

I, _____, allow _____ to participate in the 7th Annual US Army Marksmanship Unit Action Shooting Junior Clinic, October 31 – November 2, 2014 at Fort Benning, Georgia. Therefore, in consideration for the benefit of having _____ participate in these activities I agree to release and hold harmless the United States of America from any damages to property or injuries which he/she may suffer incident to his/her participation.

Specifically, I agree to release and hold harmless the United States of America, 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 his/her participation in the events. 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 his/her use of US Army 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.

_____	_____	_____
PARENT/GUARDIAN PRINTED NAME	SIGNATURE	DATE

VERIFIED BY USAMU PERSONNEL

_____	_____	_____
USAMU SIGNATURE	RANK	DATE