



Morale, Welfare and Recreation Department

2 Truxtun Rd
Annapolis, MD 21402

MWR Annapolis Release of Liability and Assumption of Risk Form

PRIVACY ACT STATEMENT

Authority: 5 USC 301.44 USC 3101

Purpose: To acknowledge risk and grant permission to stay at Annapolis Campground

Usage: To maintain emergency information on Scout group participants and parental acknowledgment for liability and risk while conducting camping activities aboard Naval Support Activity Annapolis.

Disclosure: Disclosure is voluntary. However, failure to provide the requested information may result in denial of camping privileges.

TROOP # _____ DATE OF ARRIVAL: _____ DATE OF DEPARTURE: _____

1. The United States of America hereinafter called the GOVERNMENT, hereby grants permission to _____ (participant's name) hereinafter called the PARTY to enter upon the military installation known as Naval Support Activity Annapolis, Maryland, for the following period: from the _____ day of _____ 20____ inclusive, for the purpose of camping at the Annapolis Campground on Naval Support Activity Annapolis.
2. The PARTY acknowledges:
 - a. That the PARTY is fully aware that the Naval Support Activity Annapolis is a United States Military Installation; and
 - b. That the presence of the PARTY at and upon all areas comprising the said installation and the participation of the PARTY in the activities set forth in paragraph 1 above may subject the PARTY to risks of personal injury, disablement, and death by virtue of, but not limited to, the nature of activities in which the PARTY is participating.
 - c. That I have full knowledge of the risks involved in camping at the Annapolis Campground aboard Naval Support Activity Annapolis, Maryland.
3. In consideration for permission to enter Naval Support Activity Annapolis, Maryland for the purposes set forth in paragraph 1 above, the PARTY agrees for the PARTY and for the heirs, assigns executors and administrators of the PARTY:
 - a. To voluntarily, willingly and knowingly assume the risks in being present aboard the said military installation including, but not limited to, those risks set forth in paragraph 2 above; and
 - b. To release the GOVERNMENT, including all its subdivisions, offices, military personnel, employees and agents, from all liability for any damages, injuries or death that may result to the PARTY while the PARTY is within the vicinity of the military installation known as Naval Support Activity Annapolis, Maryland, including but not limited to the PARTY'S participation in the activities set forth in paragraph 1 above, whether caused by negligence or otherwise.
4. Nothing herein constitutes a waiver of any right I may have to medical treatment based upon my status as an active duty, dependent, or retired member of the U.S. Armed Forces.
5. I attest and verify that I have full knowledge of the risks and danger involved in this program, and hold the government harmless for any harm or injury, including death sustained while participating in the said recreation program. Should emergency medical treatment be necessary during this instruction, I hereby grant consent to apply the following medical treatment to my child; any examination, anesthetic, medical or surgical diagnosis and/or treatment, and/or hospital care which is advised by and rendered under the general or special supervision or any duly licensed physician or surgeon. This consent is given in advance of any specific diagnosis.

Signed and agreed to this _____ day of _____ 20____

Signed: _____

Telephone: Home: _____ Cell: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Printed Name of Minor Participant: _____

Date of Birth of Participant: _____

Special Medical considerations: _____