

Waiver of Liability and Assumption of Risk Management

UNITED STATES MARINE CORPS

In consideration of the privilege of participating/observing a live-fire exercise at Camp Lejeune, North Carolina, and further recognizing the voluntary nature of my participation in this event, I, the undersigned person, intending to be legally bound, hereby promise to waive for myself, my guardians, heirs, executor, administrators, legal representatives and any other persons on my behalf, any and all rights and claims for damages, demands, and any other actions whatsoever, including those attributable to simple negligence, which I may have against any of the following persons or entities: the United States of America; the Department of Defense; the Department of the Navy; the United States Marine Corps; Marine Corps Base, Camp Lejeune, North Carolina; any and all individuals assigned to or employed by the United States, including but not limited to the Secretary of Defense; the Secretary of the Navy; the Commandant of the Marine Corps; Commanding Officer, Marine Corps Base, Camp Lejeune, North Carolina; in both their official and personal capacities; any medical support personnel assigned thereto; and these persons' or entities' representatives, successors, and assigns which said injuries arise out of my participation in the activities comprising the aforesaid event; as well as any use by me of any Marine Corps Base, Camp Lejeune, North Carolina, or government equipment or facilities in conjunction with and furtherance of such participation by me. I FURTHER VERIFY THAT I HAVE FULL KNOWLEDGE OF THE RISKS ASSOCIATED WITH ATTENDING THIS EVENT, AND UNDERSTAND THAT I WILL BE VIEWING A DEMONSTRATION OF MILITARY EQUIPMENT/PERSONNEL ENGAGED IN SIMULATED COMBAT ACTIVITIES, INCLUDING LOW-FLYING AIRCRAFT, HIGH SPEED TANKS, AND EXPLODING ORDNANCE. I EXPRESSLY, KNOWINGLY, AND VOLUNTARILY ASSUME THE RISKS INVOLVED IN THE PLANNED ACTIVITIES INCLUDING TRANSPORTATION TO AND FROM THE EVENT, AND AGREE TO HOLD THE UNITED STATES HARMLESS FOR ANY RESULTING INJURY. I understand that this assumption of risk shall remain in effect until notice of cancellation is received by the Commanding Officer, Marine Corps Base, Camp Lejeune, North Carolina. I understand that, should I decline to execute this agreement, I will not be permitted to attend the live-fire exercise.

(Signature of Witness) (Signature) (Date)

(Printed Name)

Signature of Parent/Guardian on behalf
of _____

(Name of Minor)

Date: _____