

**ATTACHMENT 6
HOLD HARMLESS AGREEMENT
FROM LIABILITY RESULTING FROM INJURY OR DEATH
WEAPON SAFETY TRAINING**

1. I do hereby certify that:

a. I am an active member of the Civil Air Patrol (CAP) unit located at _____; and

b. I have volunteered to participate in rifle training consisting of weapon safety, handling, care & use, assembly, disassembly, malfunctions, zero fire, Air Force Qualification Course (AFQC), and tactics, techniques, and procedures (TTP's) conducted on _____, 20__.

2. I understand the purpose of my participation in the Combat Control Orientation Course rifle training is for the purpose of familiarization with the Combat Control career field.

3. I understand that participating in the CCOC rifle training referenced herein involves risk of injury or death. I hereby waive any claim I may have against the Department of Defense and the Air Force if the aforementioned risks do occur.

4. This Agreement supersedes and replaces any prior agreement related to the subject matter hereof that I may have executed as of the date of this Agreement.

5. Nothing in this agreement is intended or should be interpreted as a waiver for injuries or property damage to third parties that I may cause while participating in the training.

6. I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS AGREEMENT. I understand that by signing this document I will relinquish certain rights and incur certain obligations as set forth herein, and with such understanding and knowledge I execute this Agreement intending to be legally bound by its terms and conditions.

Participant:

DATE	PRINTED NAME	SIGNATURE
_____	_____	_____

Parent or Guardian (if participant is under 18yrs of age):

DATE	PRINTED NAME	SIGNATURE
_____	_____	_____

ATTACHMENT 6

FT BRAGG VERTICAL WIND TUNNEL TRAINING

RELEASE OF LIABILITY

Date Required by the Privacy act of 1974

Prescribing Directive: 10 US 2733, 28 US 2671-2680, AR 27-20. Authority: Title 10, US 3012
Principle Purpose(s): To release the United States Government, Department of Army, United States Army John F. Kennedy Special Warfare Center and School and Fort Bragg from any and all liability incurred to or occasioned by an accident or any other event occurring during activities in any way related to participation in a Freefall Simulator Ride to be held at Fort Bragg, NC.

GENERAL RELEASE

I, _____, understand that the United States Government, the United States Army, and any agents and employees thereof assume no liability for any personal injury, death, or property damage or loss suffered due to participation in a Freefall Simulator Ride held at Fort Bragg, North Carolina on _____. This includes injury, loss or damage due to willful misconduct, gross negligence or simple negligence of any agent or employee of the United States Government or for any other reason whatsoever. Participation in the Freefall Simulator Ride at Fort Bragg includes any and all activities occurring on US Government property and/or involving US Government personnel which are related either directly or indirectly to the ride. This includes, but is not limited to, travel in and around Fort Bragg, North Carolina. In consideration for the opportunity to participate in the Freefall Simulator Ride I, the undersigned, personally release and hold harmless the United States Government, the United States Army and any agents or employees thereof for any personal injury, death, property damage or loss suffered by me, my guests or invitees (if any), while participating in this activity or in transportation to or from it. I assume all risks related to my participation in the Freefall Simulator Ride. This agreement is binding on all of my assigns, heirs, executors, beneficiaries and derivative claimants.

Date

Name Trainee

Signature

Witness Name

Signature

Name of Parent/Guardian
(for trainees under 18)

Signature