

OFFUTT AFB AGREEMENT AND RELEASE OF LIABILITY
PLEASE READ THE ENTIRE RELEASE BEFORE SIGNING

I, _____, **HEREBY FOREVER WAIVE AND RELEASE** the United States Air Force, its agents and employees, and any other person connected with this trip as chaperon, trip leader, or otherwise their respective heirs, personal representatives, successors and assigns from any and all claims for injuries or damages or otherwise that may arise for any reason whatsoever as a result of my participation with **BubbleBalls** sponsored by Offutt AFB Community Center.

I am participating upon my own initiative, risk and responsibility. I acknowledge that alcohol use is strictly prohibited during participation and will be grounds for immediate removal.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the cost of such injury or damage myself. I further certify that I have no medical or physical conditions that could interfere with my safety in this activity, or else I am willing to assume, and bear the cost of all risks that may be created, directly or indirectly, by such condition.

I FULLY UNDERSTAND THAT THE POSSIBILITY EXISTS THAT I COULD RECEIVE PERSONAL INJURY OR DAMAGE TO MY PROPERTY as a result of my participation in programs sponsored by Community Center. I understand and appreciate that there are a number of inherent risks involved in any activity, which are beyond the control of the sponsoring agency or its staff and agree to personally assume those risks.

RISKS SPECIFIC TO THIS EVENT includes but is not limited to; possible extreme heat/cold/wet weather conditions, or inclement weather which could lead to either sunburns/overexposure or cold extremities, and/or damp clothing so please dress accordingly. Personal property is the responsibility of the participant and should be protected from loss or damages by leaving all valuables in the vehicle or in a secured location.

I understand that every care and attention will be given to the health and comfort of the participants, but the agency and/or leadership staff cannot be held liable for any injuries sustained which were not directly caused by their failure to take due care.

I execute this Agreement after reading it in its entirety and I fully understand its effect. I am over 18 years of age, and I am not suffering from any mental or emotional deficiency which would inhibit my ability to fully understand this Agreement. By signing this Agreement, I intend it to be binding not only to me, but also to my heirs, successors and assignees.

By signing this Agreement my sponsor intends it to be binding on them, our respective heirs, successors and assignees, and self.

My signature below also authorizes Community Center/Force Support Squadron to use photos from the trip in marketing & social media.

PARTICIPANT SIGNATURE

DATE SIGNED

PARTICIPANT'S NAME (Printed)

EMERGENCY CONTACT & PH # (not accompanied)