

Outdoor Recreation Program

MCB Camp Lejeune, NC

CODE OF CONDUCT

I _____ understand fully that while participating in this event I am representing the United States Marine Corps or the United States Navy, and the MCB Outdoor Recreation Program, and will conduct myself in such a way to honor both. I will act responsibly in a mature and dependable manner. I will be on time and present for designated check-in and departure times. I know as a person of the military/DOD I am held to the highest standards of ethical and moral behavior. I will be held accountable for my actions, and will hold others accountable for theirs. I will respect others, be professional, and take pride in my actions, honoring the core values that define me as a marine/sailor/civilian/retired.

(Print Name- First Last)
Parent if under 18 years old

(Signature)
Parent if under 18 years old

(Date)

EMERGENCY INFORMATION

Your Last Name:

Your First Name:

Emergency Contact Name:

Relation:

Emergency Contact Phone #'s: (Cell)

(Home)

Medical Information:

Do you have any medical conditions we should be aware of? (ie. Diabetic, uses inhaler, suffers from seizures) Circle: YES NO

If yes, please explain : _____

Please list any medications you are currently taking: _____

Do you have any allergies: _____

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WAIVER OF LIABILITY/ HOLD HARMLESS /EMERGENCY MEDICAL TREATMENT RELEASE

This agreement is a voluntary release of liability and hold harmless agreement.

I _____ hereby, remise, release, and hold harmless the Federal Government of the United States, the Department of Defense, any of the US Armed Forces and their officers, agents, employees, servants, personnel, and contractors for any and all liabilities, claims, demands, suits, and actions whatsoever resulting from participation in a Camp Lejeune Outdoor Recreation Program event.

I agree never to institute, prosecute, or in any way aid in the institution or prosecution of any claim, demand, action, or cause of action for damages, costs, loss, injury, illness or death either to person or property which shall arise from my participation in a Outdoor Recreation Program event.

I also understand and agree that I may be held liable for any damage or loss to the United States Government that is caused by my own negligence, both passive and active, willful misconduct or fraud. I also understand and agree that I may be held liable for any damage or loss to any third party that is caused by my own negligence, gross negligence, willful misconduct or fraud.

I understand that this release applies to me, my parents, my spouse, children, guardian, my heirs, executors, administrators, creditors, and assigns.

MEDICAL TREATMENT

I acknowledge that the activities that I may participate in have risks. My participation in this activity is purely voluntary. I hereby authorize emergency medical treatment in the event of injury or illness. I also authorize trained health care providers, including; but not limited to physicians, nurses, nurse practitioners, and hospital corpsmen, to administer routine and/or emergency medicines and treatments, as needed. I hereby release these health care providers from all liability for acts associated with providing me with emergency medical care. I also accept full responsibility for the cost of treatment for any injury.

I have carefully read and agree to the foregoing release, know the contents thereof, and sign this release as my own free act.

(Print Name- First Last)

Parent if under 18 years old

(Signature)

Parent if under 18 years old

(Date)