

**PARENTAL/GUARDIAN RELEASE AND
INDEMNIFICATION AGREEMENT**

I/WE, as parent(s) and/or guardian(s) of _____
a minor, in consideration of the permission granted by the Rhode Island National Guard for the use of the grounds and facilities at Camp Fogarty, East Greenwich, Rhode Island, do hereby release, acquit, discharge and covenant to hold harmless the United States of America, the State of Rhode Island, their agents, servants and other employees, from any action or claim for personal injury or property damage arising out of said minor's use of Rhode Island National Guard grounds and facilities at Camp Fogarty, in East Greenwich, Rhode Island. Camp Varnum Narragansett Rhode Island, Quonset Air National Guard Station North Kingstown Rhode Island
Moreover, I/WE , as parent(s) and/or guardian(s) of said minor, fully recognize that certain activities may, by their nature, pose varying degrees of inherent risks or potential hazards which may result in serious bodily injury or even death to said minor. I/WE, as parent(s) and/or guardian(s), on behalf of said minor, knowingly and willingly assume any and all risks involved during minor's use of the grounds and facilities Portable Zipline at Camp Fogarty, in East Greenwich, Rhode Island.and Camp Varnum Narragansett Rhode Island, Quonset Air National Guard Station North Kingstown Rhode Island.
We therefore agree to defend, indemnify and otherwise hold harmless the United States of America and the State of Rhode Island, their agents, servants and other employees, from any action in tort, equity or otherwise that said minor may have as a result of the use of said facility.
WE HAVE READ THIS AGREEMENT IN ITS ENTIRETY AND UNDERSTAND THE TERMS AND CONDITIONS CONTAINED HEREIN.

(Witness)

(Parent/Guardian)SIGNED

(Witness)

(Parent/Guardian)SIGNED

DATED _____

**GENERAL RELEASE AND
INDEMNIFICATION AGREEMENT**

I, _____ in consideration of the permission granted to me by the Rhode Island National Guard for the use of the grounds and facilities at Camp Fogarty, East Greenwich, Rhode Island, and Camp Varnum Narragansett Rhode island , and also Quonset Air National Guard Station North kingstwon Rhode Island do hereby release, acquit, discharge and covenant to hold harmless the United States of America, the State of Rhode Island, their agents, servants and other employees, from any action or claim for personal injury or property damage arising out of said use of Rhode Island National Guard grounds and facilities at Camp Fogarty, in East Greenwich, Rhode Island, Camp Varnum Narragansett Rhode Island, Quonset Air National Guard Station North Kingstown, Rhode Island . Moreover, I fully recognize that certain activities may, by their nature, pose varying degrees of inherent risks or potential hazards which may result in either serious bodily injury or possibly my death. I knowingly and willingly assume any and all risks involved during my use of the grounds and facilities at Camp Fogarty, in East Greenwich, Rhode Island. Camp Varnum Narragansett Rhode Island, Quonset Air National Guard Station North Kingstown Rhode Island.

I, individually and for my successors, heirs, legatees and assigns, agree to defend, indemnify and otherwise hold harmless the United States of America and the State of Rhode Island, their agents, servants and other employees, from any action in tort, equity or otherwise that I may have as a result of the use of said facility.

I HAVE READ THIS AGREEMENT IN ITS ENTIRETY AND UNDERSTAND THE TERMS AND CONDITIONS CONTAINED HEREIN.

(Witness)

(Parent/Guardian)

DATED _____

RHODE ISLAND ARMY NATIONAL GUARD ROCKWALL

AGREEMENT and AUTHORIZATION

In connection with my participation in the Army National Guard's Recruiting and Retention Resource Management's Rockwall Climb I understand that participation is voluntary and that while care and attention will be given to the health and safety of the participants, the Rhode Island National Guard, the State of Rhode Island and the United States of America, their agents, servants and/or employees shall not be liable for injury or death sustained by my me while participating in Rockwall Climb activity. I understand that participation in the Rockwall Climb Activity involves risk of injury or death and I accept and assume sole responsibility and liability for such risks.

I hereby release the Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants and/or employees of and from any and all claims, demands, damages, losses, expenses relating to all harm, personal injuries or death, including but not limited to those resulting from negligence, that I may sustain which in any way relate to or arise out of my participation in the Rockwall Climb activity. I understand that I may not participate in this activity if I have any medical history, to include but not limited to, knee, ankle, or back problems. I shall indemnify and hold harmless the Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants and/or employees from and against any and all claims, demands, damages, losses, expenses, attorney's fees, actions, causes of action, suits or judgments by or on my behalf, or by my heirs, executors, administrators, successors/assigns, or any other person or persons on my behalf, arising from or in any way relating to any harm, personal injuries or death, that I may sustain as a result of my participation in the Rockwall Climb activity.

I hereby authorize the Rhode Island National Guard to secure such emergency medical advice and/or services as may be necessary for my health and safety and I agree to accept full financial responsibility for any such medical advice and services.

I understand that Rhode Island news media and the Rhode Island National Guard may view photograph and/or film portions of the Rockwall Climb activity and interview participants. I authorize the use and/or publication of my photograph, image, quote and/or voice in connection with my participation in the Rockwall Climb activity.

I understand the above:

Signature _____

Printed name _____

Address _____

Phone Number _____

Age _____

Date _____

Signature, parent or guardian _____

(If under age 18)

Would you like more information about the RI Army National Guard? YES/NO