

CHILD' S RELEASE AND HOLD HARMLESS AGREEMENT
(Must be signed by Parent or Guardian)

1. PRIVACY ACT STATEMENT: Personal data is solicited under authority of 10 USC 3012 and AR 27- 40. The Information is for use to determine eligibility for voluntary participation in any and all activities sponsored or attended by YD-HRG or any of its member unit' s. Disclosure of requested information is voluntary, but failure to disclose all or any part of it may result in denial of permission to participate in such activities scheduled by YD-HRG or its member unit's.

2. PERSONAL DATA:

NAME _____ AGE _____ ADDRESS _____

____ CITY _____ STATE _____ ZIP _____

Emergency contact person _____ relationship to Child _____

Address _____ CITY _____ (if different from above)

STATE _____ ZIP _____

3. . . . DECLARATION:

MY CHILD desires to participate at his/her own risk in any and all activities sponsored or attended by YD-HRG, It ' s member units and B Co. 104th INF. I have been informed and fully realize that there are inherent risks and dangers associated with YD-HRG, its member units and B Co. 104th INF World War II reenactment group's activities and that injury could result from my child's participation. However, I knowingly and willingly wish them to participate in these groups activities. I represent that I will take all safety precautions necessary thereto, assuming sole and full personal responsibility for ensuring that all reasonably foreseeable safety requirements are met to my personal satisfaction prior to my child's active participation in such activity. I state that my child is in good health, physically fit to engage in this activity, and has no known medical conditions which could foresee ably jeopardize his/her safety or the safety of others during such participation or be aggravated by such participation. As a condition precedent to my child being permitted to engage or participate in such activity, I, on behalf of my child, hereby forever release, acquit, discharge, indemnify and hold harmless YD-HRG, it's member units, the B Co. 104th INF and it's members, The United States and any State or Commonwealth where the WWII reenactment or Living History Display activities are held, their agents, officers, and unit members from any and all causes of actions, including personal injury, illness, death, and property damage, costs, charges, claims, demands and liabilities of whatever kind, name or nature in any manner arising out of or in connection with my child's participation in the YD-HRG, it's member units or B Co. 104th INF activities. This is not a waiver of any medical benefits or treatment which my child is entitled to receive if needed. I hereby grant permission to the adult acting as OIC or NCOIC at the activity or an Official representative of YD-HRG, a member unit or B Co. 104th INF to obtain medical care, at my expense, from any licensed EMT, physician, hospital, or medical clinic, for my child at such time I cannot be contacted in person or by telephone. This medical treatment authorization shall include all activities, including the period required to travel to and from those activities and we do hereby waive, release, absolve, indemnify, and agree to hold harmless the YD-HRG, it's member units, B Co. 104th INF and it's members, the organizers, supervisors, participants, and persons transporting my child, for and all claims arising out of an injury sustained by my child at an activity attended by my child as a member of YD-HRG, a member unit or B Co. 104th INF. I understand that I may be held liable for any damage or loss that is caused by my child's negligence, willful misconduct, or fraud while participating in this activity. I further understand that since my child is under the age of 18, I consent to having him/her participate in any and all YD-HRG, its member unit's or B Co. 104th INF.

Signature of Parent/Guardian

DATE

Printed Name of parent/Guardian