

**COVENANT NOT TO SUE
OFF CAMPUS TRAINING AND PRACTICAL
FIELD/HIGH RISK TRAINING**

DATA REQUEST FOR ACT OF 1974

1. Authority: Title U.S. code 3201. 2. PRINCIPAL PURPOSE (S): To release the U.S. Government, the host institution and the state in which said institution is located from liability and injury, death, or damages for JROTC cadets participating in voluntary off-campus training programs, practical field and high risk training. 3. ROUTINE USES: normal personnel actions. Disclosures of information may be provided to proper authorities in actions regarding law enforcement, legal actions as a result of injury or death, and investigations of accidents resulting from such voluntary off-campus training, practical field, and high risk training. 4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Voluntary. Failure to complete form will disqualify JROTC cadet from participating in specific voluntary training exercises.

I, _____, residing at _____
(Type or Print full name) (Address)

(City) (State)

do hereby agree that in consideration for being allowed to participate in the Leavenworth High School Raider Challenge conducted by LHS JROTC Instructors and cadre and members of the US Army, Fort Leavenworth on 29 and 30 April, 2011, an Army supervised activity, and whereas I am doing so entirely on my own initiative, risk and responsibility; and being fully aware of the risks adhering to this type of training, I do hereby RELEASE AND DISCHARGE FOREVER, the United States Army, the State of Kansas and Leavenworth High School and all of its officers, agents, and employees, acting officially or otherwise, from any and all claims, demands, actions or causes of action, on account of myself or on account of any injury to me which may occur from any cause during said activity or continuances thereof, and I do Further covenant and agree to hold the said Government of the United States, State of Kansas and Leavenworth High School blameless for any and all damages I may cause either intentionally or through my negligence.

Typed/Printed Name of Parent or Guardian if Participant is a Minor

Signature of Parent or Guardian if is Participant is a Minor

Relationship to Cadet

Date

WITNESSED BY:

Age/Period Covered

Signature of Cadet

Annex L – Statement of Physical Condition

“First In The Nation” Raider Challenge
Fort Leavenworth, KS
29-30 April 2011

STATEMENT OF PHYSICAL CONDITION

Cadet’s Name: _____

School: _____

Team: _____

To the best of my knowledge, my son/daughter/ward is in good physical condition. Participation in the *“First in the Nation”* Raider Challenge Course, in my opinion, will not have an adverse effect on his/her health and well being. I will inform his/her JROTC Instructor of any changes.

OR My son/daughter/ward has a history of: (please list or if none, so state)

Heart problems, Asthma, Overweight, Sinus, Rheumatic Fever, Ear Infections,
Headaches, Stomach Problems,

or other ailments, and is on _____ medication.

He/she is allergic to _____
medication.

NOTE: Students that are found to have previous history of any type of illness, past injury, and/or symptoms of suspected medical ailment, will be returned home if treatment is needed or desired.

(Signature of Parent/Guardian)

(Signature of Senior Army Instructor)