



DFMWR RELEASE AND HOLD HARMLESS AGREEMENT:

The Directorate of Family and Morale, Welfare and Recreation (DFMWR) and its staff have done everything possible to assure that our patrons experience a rewarding experience. However, we wish to inform you that hiking is not a risk free activity. The same elements that contribute to the unique character and fun of Hiking such as physical exertion or the terrain can also cause loss or damage to equipment, and injury, illness, or in extreme cases, permanent trauma or death. We do not wish to heighten or reduce your enthusiasm for the experience, but we do want you to know in advance what to expect, and to be informed of some of the possible risks.

I, the participant, understand that there are inherent risks of physical injury and dangers inherent in all activities, including, but not limited to cuts, scraps, bruises, bites, and stings, blisters, pulled muscles, sprains, breaks, punctures, falls, dehydration, fatigue, and exhaustion. I understand and agree that by signing this release I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating in this DFMWR event, program, or class which will hereafter be collectively referred to as "Activity".

With the application of my signature, I am expressing my intent to participate in this Activity hosted by DFMWR. I explicitly agree that myself, my heirs, personal representatives, and assigns, hereby release and discharge, and agree to hold harmless and indemnify the United States government, the United States Army, Garrison, Benelux Directorate of Family and Morale, Welfare and Recreation, Sponsors, Donors, and their offices, agents, and employees acting in their official capacities, from liability and from any and all claims for any illness, injuries, loss, death, or damage, whether latent or patent, which may occur as a result of my participation in any of the activities that are offered as part of the Activity or occurrences incident thereto.

I affirm that I and any accompanying minors, are physically fit and in a condition that will allow me and my dependents to participate fully in the Activity. I maintain medical insurance that covers me and participating family members for any accidents, illnesses, damage or loss accrued while participating in this Activity. I understand the DFMWR has not made, nor will make, any investigation into my physical fitness or ability to participate in the Activity, and that DFMWR is relying on my warranty of my physical condition and the condition of accompanying minors. I assume full responsibility for payment of medical expenses not covered by my insurance incurred as a result of my participation in the Activity.

I grant permission to all the forgoing to use photography, videography, or any recording of this event for any legitimate purpose.

Heath Profile:

- | | | |
|---|----------|---------|
| 1. Are you Pregnant? | Yes_____ | No_____ |
| 2. History of Seizures? | Yes_____ | No_____ |
| 3. Neck/ Back/ Shoulder/ Wrist/ Knee/ Ankle Problems? | Yes_____ | No_____ |
| 4. History of heart problems? | Yes_____ | No_____ |
| 5. Diabetic or Asthmatic? | _____ | |
| 6. Other medical issues that should be noted? | _____ | |
| | _____ | |

Emergency Contact:

Phone:

Relationship:

Signature Required

In signing this form, you are stating that you give permission to receive any medical treatment necessary. Any information disclosed within this form or with DFMWR staff will remain confidential. Failure to disclose medical information could result in serious harm to you and other participants. The information contained in this form will be stored in a secure location.

Participant Name (Print):

Signature:

Date:

____/____/____

Name of Minor (Print):

Age of Minor:

Name of Parent or Guardian (Print):

Signature:

Date:

____/____/____