

KIRTLAND AIR FORCE BASE OUTDOOR RECREATION WAIVER OF RESPONSIBILITY

ALL Outdoor Recreation Programs and Activities

(THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974)

PRIVACY STATEMENT

AUTHORITY: AFI 33-332, THE AIR FORCE PRIVACY AND CIVIL LIBERTIES PROGRAM

PRINCIPAL PURPOSE: Review and confirm ability to participate/use Outdoor Recreation (ODR) programs and equipment.

ROUTINE USERS: Used by ODR personnel to document individual user and or legal guardian of user release and waiver of risk and release of liability, claims, demands, actions or causes of actions.

DISCLOSURE IS VOLUNTARY: Furnishing requested information is voluntary; however, failure to provide this information could preclude customer from use of ODR equipment and programs. The information accessed through this system is FOR OFFICIAL USE ONLY and must be protected in accordance with the privacy act, AFI 33-332.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. DO NOT SIGN THIS FORM UNLESS YOU FULLY UNDERSTAND ITS TERMS AND THE LEGAL RIGHTS YOU ARE FORFEITING. THE EFFECT OF THIS FORM IS TO RELEASE THE UNITED STATES AIR FORCE (USAF), KIRTLAND AIR FORCE BASE

I, _____ the undersigned, am voluntarily participating in the Outdoor Recreation Program, Outdoor Activities and/or tours sponsored by Outdoor Recreation Office, Kirtland AFB, an Agency of the United States Air Force. I hereby release, forever discharge, indemnify, and hold harmless the USAF, KAFB, its members, officers, agents, employees and any other persons or entity acting on behalf of the USAF. I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with my participation in the named activities.

I understand the activities in which am participating in, which may include, white water rafting, camping, hiking, backpacking, horseback riding, sailing, skiing, mountaineering, overnight trips, scuba diving, rock climbing, rock repelling, rock hounding, boating, and other physically strenuous outdoor activities.

I acknowledge that I have received the customer safety briefing and understand the major potential risks and hazards associated with the noted activity. Those hazards and risks may include but are not limited to: sprains, strains, falls, bruises, cuts, head injuries, paralysis, or death, exposure to harmful vegetation, marked and unmarked obstacles, inclement weather, acts of God, vehicle and equipment malfunction. I understand that the negligence of others, visitors, participants, or other persons who may be present; or my own negligence may present additional hazards. I acknowledge that I have been informed of and understand the rules and safety requirements associated with the named activity and that I understand those rules and requirements

I acknowledge that I am in good health and DO NOT have any physical or medical conditions or limitations that would inhibit my ability to act in accordance with any of the rules and safety requirements or present additional harms or risks to myself or others. I acknowledge that I will not engage in any activities that are beyond my physical capabilities.

I understand that by signing this document, I am acknowledging that I have read and understand all terms and condition, and that I am waiving all future liability claims against the Released Parties and hereby discharge the Released Parties of any and all liability, claims, demands, actions, or causes of action on account of the death or personal injury or on account of the loss or destruction of personal property, which may occur as a result of or arise out of my participation in the noted activities.

First Name		Last Name	
Street Address			
City		State	ZIP
Select State			
Work Phone	Home Phone	E-mail Address	
Signature		Date	

I, _____ am the parent or legal guardian of the signing participate and consent to his/her participation in the below named activities. I have read and understand the terms of this document and fully agree to its terms and conditions.

Signature of Parent or Guardian of Minor

Date

Do you have any allergies? Yes No If yes; please list: _____

Emergency contact name: _____ Phone: _____