NAME:ADDRESS:	SSN (LAST 4)): DATE: EMAIL:
ADDRESS:		EMAIL:
ensure your well-being, such as your disclosure of for this activity, physical activity is not risk-free.	injuries or medical conditions, ar The same elements that contribute	ess event for your group. While measures have been taken to nd our determination that environmental factors are satisfactory e to the unique character and fun of physical exercise, such as y, illness, or—in extreme cases—permanent trauma or death.
logs, bars, and tires; crawling through sand; c body in directions that may not be common—slipping, running or jumping or swinging into The NSW O-Course is an outdoor activity. E exhaustion, heat stroke, heat cramps, hypothe You may be performing water activities in the opportunity to use Small Inflatable Boats (IBs group. Being in the water carries the inherent Surf Passage, you may incur injuries from fall over. All of these activities are physically and	elimbing and swinging on ropes and often at heights that increase risks of an object, muscle cramping, and exposure to the natural elements of ermia, wind, rain, sand and outdoor e ocean or in the Naval Special Wass) and conduct "Surf Passage." It risk of drowning. Surf Passage ling or slipping on the rocks. The dimentally stressful. Failure to respect to the rocks of the rocks.	running on sand, logs, and ropes; jumping from, on, and/or over nd on and over walls, logs, and bars; and generally twisting you k of injury from falling. You may incur injuries from falling, d other such injuries commonly associated with physical exercise can be uncomfortable or harmful. Heat-sunburn, dehydration, he or activities in general can be uncomfortable or cause injury. Varfare Combat Training Tank (CTT). You may have the You may also be carrying the IBS on or you're your head in a involves landing and beaching an IBS on rocky shores. During ere is also a chance of injury incurred when boats collide or flip emain calm in a water environment may result in serious injury there is the inherent risk of exposure to marine wildlife that may
cause serious injury, or death. It is also possible the This list is not an exclusive or exhaustive list of po	nat some participants would sufferossible injuries, traumas, or accide	s, fractures, partial and/or total paralysis, other aliments that coul or mental anguish or trauma from the experience or their injuries. ents that may occur. Most of these injuries are rare and you are about them and other possible injuries not mentioned above.
	evaluations that, by their nature,	dertake the activity. Decisions are made by the instructors and are imprecise and subject to errors in judgment. Participants massible for their own safety.
of the possible risks associated with this activity. The personal property, and any expenses as a result of the possible risks associated with this activity.	Therefore, I assume full responsit my negligence, negligence of my and hold harmless the U.S. Navy	ess activities. I state that I have read the above statement on some bility for myself or my minor child for bodily injury, death, loss of family, negligence of another participant in the event, or the and its members, agents, and employees from all claims, hild's participation in this activity.
have adequate health, disability, and life insurance necessary emergency medical care for myself or m		I hereby authorize any guide or medical personnel to render on for transportation to any medical facility.
hereby grant permission to NSW Center to film online content, video, or any other medium for its		nt and use my image, likeness, or voice in U.S. Navy publication
Should any paragraph or part of this agreement be shall remain in full force and effect. A copy of this		rt of competent jurisdiction, the remaining parts of paragraphs an original.
I,and knowingly acknowledge the risks and liability	of my own free will, or for myself, and my family, this _	or my minor child, my heirs and executors, have read, understand day of, 20
I HAVI	E READ AND UNDERSTAND	THIS AGREEMENT.
		o me
[] I would like additional information about NSV	W career opportunities emailed to	s inc.,
		CASE OF EMERGENCY, CONTACT:
PARTICIPANT (OR PARENT'S) SIGNATURE	DATE IN	
PARTICIPANT (OR PARENT'S) SIGNATURE PARTICIPANT (OR PARENT'S) PRINTED NAME	DATE IN NAI	CASE OF EMERGENCY, CONTACT: ME:
PARTICIPANT (OR PARENT'S) SIGNATURE PARTICIPANT (OR PARENT'S) PRINTED NAME I carry medical insurance: [] Yes [] No Insurance Carrier:	DATE IN O	CASE OF EMERGENCY, CONTACT: