WAIVER OF LIABILITY
THE GEORGE WASHINGTON UNIVERSITY NROTC UNIT

In consideration of my voluntary attendance and participation in this NROTC orientation scheduled to be held during the period 26 August to 04 September 2017, I, the undersigned, intending to be legally bound, do hereby waive for myself, my parents, guardians, executors, heirs, assigns, and administrators any and all rights and claims for damages, demands, and any other actions whatsoever, including those which may be attributable to weather conditions arising from my participation in this event, including any and all injuries or illnesses suffered by me as a result of my participation in this event or use of any government transportation or facilities in conjunction with my participation, which I have against the following entities:

(a) Any medical/logistical support or operations personnel provided by the NROTC unit or the United States Government
(b) The United States Army
(c) The United States Marine Corps
(d) The Department of the Navy
(e) The Department of Defense
(f) The United States Government
(g) All individuals associated with the planning or conducting of the event
(h) All participating supporters and their representatives, successors and assigns
(i) The George Washington University

I understand that care at a military medical facility for non-military dependents will normally be rendered on a temporary (emergency) basis only. If further care is indicated, the patient will be transferred to non-military care as soon as possible. Emergency care provided to non-military dependents at a military medical facility may be subject to reimbursement and I may be billed for services provided.

I have no known medical conditions that might preclude or limit in any way my participation in the above-mentioned activities.

___________________________________________________________________________
(Name, printed)

___________________________________________________________________________
(Signature)  (Date)

If applicant is under 18 years of age, waiver must be cosigned by a parent or legal guardian.

___________________________________________________________________________
(Name, printed)  (Relationship)

___________________________________________________________________________
(Signature)  (Date)