CONTROLLED
when filled in

HOLD HARMLESS AGREEMENT AND RELEASE FROM LIABILITY CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY AND PURPOSE: 5 U.S.C. 301, Departmental Regulations; and E.O. 9397 (SSN). Provided information is used to assist officials and employees of the Navy in the management, supervision and administration of Navy personnel (officer and enlisted) and the operations of related personnel affairs and functions..

ROUTINE USES: Information will be utilized by Department of the Navy officials in verifying qualifications and suitability for enlistment.

DISCLOSURE: Disclosure is voluntary; however, failure to provide the requested information as well as the social security number may result in denial of enlistment into the United States Navy.

NAME: (LAST NAME, FIRST NAME, MIDDLE NAME)	DATE:

Navy Talent Acquisition Group (NAVTALACQGRU) _____ will be providing the opportunity to participate in a physical screening test (PST) or delayed entry program (DEP) sports event. While measures have been taken to ensure your well being, such as our determination that the environment factors are satisfactory for this activity, physical activity is not risk free. The same elements that contribute to the unique character and fun of physical exercise, such as physical exertion in the outdoors, can cause loss or damage to equipment, and injury, or in extreme cases, permanent trauma or death.

☐ You may volunteer to take the physical screening test (PST). This involves running, swimming, pushups, and curlups, usually done outdoors. You may incur injuries from falling, running into an object, drowning, muscle cramping, and other such injuries commonly associated with physical exercise. Exposure to the natural elements can be uncomfortable or harmful. Heat-sunburn, dehydration, heat exhaustion, heat stroke, heat cramps, wind, rain, outdoors, and using portable toilet facilities, can be uncomfortable or cause injury.

☐ You may voluntarily participate in DEP sporting events. This also involves running and other physical exertion and is normally done outdoors. This event has similar risks as those listed in the above paragraph.

The list of possible accidents stated above may inflict bodily injury, disease, strains, fractures, partial or total paralysis, other ailments that could cause serious injury or death. It is also possible that some participants would suffer mental anguish or trauma from the experience or injuries. This list is not an exclusive or exhaustive list of possible injuries, trauma, or accidents that may occur. Most of these injuries are rare and you are not likely to encounter them. However, they have occurred, and you need to know about them and other possible injuries not mentioned above. These injuries occur more often when the participants are not physically able to undertake the activity.

Decisions are made by the instructors and participants, based on a variety of perceptions and evaluations that, by their nature, are imprecise and subject to errors in judgement. Participants may have free and unsupervised time. Throughout the program, participants are responsible for their own safety.

I certify that I, or my minor child, are fully capable of participating in the physical screening test (PST) or delayed entry program (DEP) sports event. I state that I have read the above statement on some of the possible risks associated with this activity. Therefore, I assume full responsibility for myself, or my minor child, for bodily injury, death, loss of personal property, and any expenses as a result of my negligence, negligence of another participant in the event, or the negligence of Navy Talent Acquisition Group (NAVTALACQGRU) _____. I agree to indemnify and hold harmless the U.S. Navy and its members, agents, and employees from all claims, damages, losses, injuries, and expenses arising out of or resulting from my (my child's) participation in this activity.

Should any paragraph or part of this agreement be declared unenforceable by a court of competent jurisdiction, the remaining parts of paragraphs shall remain in full force and effect. A copy of this release can be used as if it was an original.

I hereby give permission for transportation to any medical facility or hospital, and I authorize any guide, or medical personnel, to render necessary emergency medical care for myself or my minor child.

I, _____(Name of applicant of parent), of my own free will, or for my minor child, my heirs and executors, and myself, have read, understand, and acknowledge the risks and liability for myself, and my family, and agree to participate.

MEDICAL INSURANCE CERTIFICATION

I carry adequate medical insurance: Yes ☐ No ☐ If 'no," I voluntary agree to participate in all physical activities and hold the government harmless. _____ Initial

Group Number: _____ Name of Provider: _____

ACKNOWLEDGEMENT

I have read and understand this agreement.	**In case of emergency, please contact:**
Participant (or Parent if applicant is a minor) Signature	Name:
Printed Name:	Relationship To Applicant:
Cell Phone Number: _____ Date of Birth: _____	Cell Phone Number: _____
Email Address:	Email Address: