



Outdoor Adventure Program

Agreement and Release of Liability

THIS IS A LEGAL DOCUMENT

OAP Trip / Activity signed up for: _____ Event Dates: _____

I _____ hereby waive and release The United States Air Force, its agents and employees, and any other person connected with said trip as chaperon, trip leader, or otherwise their respective heirs, personal representatives, successors and assigns from any and all claims for injuries or damage or otherwise which may arise for any reason whatsoever as a result of my participation in the Outdoor Adventure Trip.

I acknowledge that I am responsible for the condition of my own personal well being, health and equipment. Personal effects are my sole responsibility. I acknowledge that any alcoholic consumption is prohibited prior to or during an Outdoor Adventure Program activity per AFI 34-110 2.10 and am subject to dismissal from the activity for a violation.

In the event of a storm, inclement weather, acts of God, vehicle malfunctions, breakdown, strikes or other causes of events beyond the control of the United States Air Force, its agents and employees, I shall pay and be responsible for all costs, charges and expenses arising out of but not limited to charges imposed by carriers, lodging management, destination area, equipment rental stores or otherwise.

I know that growth of vegetation, debris of various type, and many other hazards or obstacles marked or unmarked, exist within the area(s) of this particular activity or trip: I assume the dangers involved and waive the United States Air Force, its agents and employees of any liability.

I have read the above and agree to the conditions stated.

Signature

Date

(GAURDIAN IF UNDER 16)

Emergency Contact Information:

Name: _____ **Relation:** _____ **Phone:** _____

I acknowledge that I am responsible for the replacement, repair or the replacement cost of all the equipment issued to me listed below, if it should become damaged, lost, stolen or otherwise, while issued to me.

Signature :

Date :



Outdoor Adventure Program

JBER-Elmendorf, Alaska

MEDICAL INFORMATION

The information provided is confidential and will not be shared with anyone outside the OAP trip leaders. Medical information will help us to better prepare for our adventure and prevent any unnecessary problems.

Please write neatly!

NAME: _____ AGE: _____

OAP Trip / Activity signed up for: _____ Event Dates: _____

1. Do you have any allergies or anaphylaxis reactions? (please circle) YES NO

If yes, please explain. _____

2. Do you have asthma? YES NO

If yes, do you carry an inhaler with you? YES NO

3. Do you have diabetes? YES NO

If yes, do you carry insulin with you? YES NO

4. Do you have heart disease or high blood pressure? YES NO

5. Do you have a seizure disorder? YES NO

6. Do you have any injuries and/or physical or mental disabilities that we can make accommodations for?

YES NO

If yes, please explain. _____

I certify that the information provided is true and accurate to the best of my ability. If I have any concerns I will talk to my OAP instructor/ guide to insure that my medical and health concerns are addressed.

Signature: _____

Date: _____

(Guardian of under 16): _____