

Joint Region Marianas Waiver and Release of Liability & Emergency Contact Information



PSC 455, BOX 195 FPO, AP 96540-2937
 Email: M-GU-NAVFAC-APC-GS@FE.NAVY.MIL
 Website: www.cnmc.navy.mil/regions/jrm.html

Name:			
Date of Birth:		Age:	
Address:			
Phone #:			
Mobile Phone #:			

I, _____ (print name), **expressly assume all risk** inherent in participating in the site visit or hike which will occur on _____ onboard Joint Region Marianas (JRM) property.

I hereby certify that I have full knowledge of the risks involved in this event, and I am physically fit and sufficiently trained to participate. If, however, as a result of my participation in the site visit or hike, I require medical attention, I hereby give consent to authorize medical personnel to provide such medical care as deemed necessary and I will bear all financial responsibility for such medical care.

I hereby release and waive, and agree to hold harmless, on behalf of myself, my heirs, executors, administrators, personal representatives, and assigns, from any and all claims, actions, or proceedings of any nature whatsoever regardless of the cause, including the negligence or carelessness of any Release (as defined herein), for any loss, damage, personal injury, or death, whatsoever, at law or in equity against the U.S. Government, the U.S. Navy, the U.S. Airforce, and any officers, agents, servants, or employees ("Release") in connection with or related to my being on board the property of Joint Region Marianas (JRM) and my participation in the cultural & historical sites tour and hikes.

Participant Signature: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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Parent/Guardian Signature: (If participant is under 18 years of age) <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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In Case of Emergency, please contact the following:

Name: <input style="width: 90%;" type="text"/>	Relation: <input style="width: 90%;" type="text"/>
Phone (Home): <input style="width: 90%;" type="text"/>	Phone (Work): <input style="width: 90%;" type="text"/>
Phone (Mobile): <input style="width: 90%;" type="text"/>	Phone (Other): <input style="width: 90%;" type="text"/>

Name: <input style="width: 90%;" type="text"/>	Relation: <input style="width: 90%;" type="text"/>
Phone (Home): <input style="width: 90%;" type="text"/>	Phone (Work): <input style="width: 90%;" type="text"/>
Phone (Mobile): <input style="width: 90%;" type="text"/>	Phone (Other): <input style="width: 90%;" type="text"/>