Hold Harmless Agreement
(Waiver and Release from Liability)

PRIVACY ACT STATMENT

Information contained on this form is maintained under the Systems of Records Notice MMN00010 (Personnel Services Working Files) published February 22, 1993, 58 FR 10630. **AUTHORITY**: 10 U.S.C. 1071-1087, 1441-1455, 1475-1488, 2771 6148a, b, and d; 31, U.S.C. 240-243; 37 U.S.C. 401 and 551, et. seq.; 38 U.S.C. 765-770, 2021-2026; 50 U.S.C. 1436, and E.O. 11016; 5 U.S.C. 301, Departmental Regulations. **PRINCIPLE**: Members and former members of the Marine Corps and Marine Corps Reserve; permanently and temporarily retired members of the Marine Corps and Marine Corps Reserve; members of the Fleet Marine Corps Reserve; Federal civil service employees of the Marines Corps; and dependents, survivors or appointed agents of the foregoing. **PURPOSE**: This information is to provide a record for the use in the administration of programs concerning the personal welfare of Marines and their dependents. **ROUTINE USE**: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as routine use pursuant to 5 U.S.C. 552a(b)(3). **DISCLOSURE: MANDATORY** for computer matching

Please read and sign. (If under 18 years or age, parent or guardian must sign)

I, _____
(Print Full Name)

freely and voluntarily accept the responsibility to participate in an activity aboard Marine Corps Base, Camp Lejeune, NC on _____ _____
Time Date

to _____ _____ with _____
Time Date (Unit/Group/Event)

Installation Events:
I hereby assume all risks associates with this event and shall indemnify, waive, release, and forever discharge the Marine Corps and any other individuals or entities connected in any way with the event from any and all claims for damages, death, personal injury or property damage and litigation cost/attorney fees, arising from or contributed to, in whole or part, by an act, omission, fault or mistake of the above named persons or entities and their employees or agents, resulting from my participation in this event. This waiver and release shall be binding on my heirs and assigns and shall run in favor or the above named persons or entities and any individuals in any way connected with the aforementioned event.

Government Vehicle:
In consideration of receiving free transportation from the United States Government by motor vehicle, I hereby release the United States Government, including all its subdivisions, officer, military personnel, employees, and agents from all liability for any injuries or death, property damage or destruction that may result to me and/or my minor child that may result from the transportation, whether caused by negligence otherwise. I understand that in transporting me and/or my minor child, the United States Government is not acting as a common carrier for hire and does not bear the liabilities attached to that status. I acknowledge that I voluntarily accept such transportation, I incur no obligations towards the United States Government except as imposed by the release. I agree that this release not only binds myself, but also my family, heirs, assigns, administrators, and executors.

Relationship: (check one)

_____
(Print full name)

☐ Self ☐ Parent ☐ Legal Guardian

Signature: _____ Date: _____

Unit / Senior Representative: _____ Date: _____
Signature:

Indicate your health insurance coverage by checking the appropriate box: Yes ☐ No ☐

Name of Health Insurance Provider: _____

Health Insurance Policy Number: _____

_____ _____
Witness (Signature) Witness (Signature)

*** Under North Carolina law a child under the age of 18 is not competent to execute this release/hold harmless agreement unless he or she is married, serving in the military, or has received a judicial decree of emancipation. The signature of a parent or guardian on behalf of the minor is required.**

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