

## ADULT PARTICIPANT WAIVER

### WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE

To be signed by adults participating in the event.

#### *Acknowledgement and Assumption of Risk*

I am aware of the dangers and the risks to my person and property involved in participating in The North Dakota National Guard (NDNG) orientation flights at the Camp Grafton Training Center in support of the Civil Air Patrol's (CAP) 2024 Joint Dakota Encampment event.

**I voluntarily elect to participate in this activity with knowledge of the danger involved, and I hereby agree to accept and assume any and all risks of property damage, personal injury, or death.**

#### **Waiver of Liability and Indemnification:**

In consideration for being allowed to voluntarily participate in the above-referenced event, on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I hereby:

- a. **Waive, release and discharges the NDNG, the State of North Dakota,** and its agencies, officers, and employees from any and all liability for my death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of my participation in the NDNG's support of the CAP's orientation flight event.
- b. **Indemnify, save, and hold harmless the NDNG, the State of North Dakota,** and its agencies, officers and employees of, from and against any and all claims of any nature including all costs, expenses and fees arising out of or resulting from my actions during the NDNG's support of the CAP's orientation flight event.

I hereby Consent to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during the Civil Air Patrol Orientation Flight. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement. **I have read this form and fully understand that by signing this form I am giving up legal right** and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

#### **READ BEFORE SIGNING**

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_