

**PARENT’S OR GUARDIAN’S AGREEMENT OF
WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE**

RELEASE To be signed by adults if the participate is under 18 years of age.

Acknowledgement and Assumption of Risk

The undersigned parent and/or legal guardian does hereby acknowledge that he/she is aware of the dangers and the risks to the participant’s 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.

Nevertheless, the undersigned parent and/or legal guardian acknowledges that the participant voluntarily elects to participate in this activity with knowledge of the danger involved, and the undersigned parent and/or legal guardian hereby agrees to accept and assume any and all risks of property damage, personal injury, or death.

Waiver of Liability, Indemnification, and Medical Release:

In consideration for being allowed to voluntarily participate in the above-referenced event, on behalf of the participant, his/her personal representatives, heirs, next of kin, successors and assigns, the undersigned parent and/or legal guardian forever:

- a. **Waives, releases, and discharges the NDNG, the State of North Dakota,** and its agencies, officers, and employees from any and all liability for the participant’s death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to the participant, and the participant’s estate as a direct or indirect result to participation in the NDNG’s support of the CAP’s orientation flight event.

- b. **Indemnifies, save, and holds 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 participant’s actions during the NDNG’s support of the CAP's orientation flight event.

Consent is given for the participant 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 parent and/or legal guardian, 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 the minor participant regarding any losses the participant may sustain as a result of his/her participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

READ BEFORE SIGNING

Name of Minor: _____ Age of Minor: _____

Name of Parent/Guardian(print): _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____