

Pass Number:

Camp Robinson Sportsman Pass Application

Liability Release

Release of Liability, Hold Harmless and Indemnification Agreement

In consideration of use for the military range, I freely accept and voluntarily assume ALL RISK of personal injury or death or property damage. I specifically acknowledge the risks associated with firing weapons, which can include severe personal injury and even death, and hereby assume the risk of firing said weapons.

I hereby release, remise, discharge and covenant not to sue the State of Arkansas, Arkansas National Guard, and in so far as applicable, the United States and the United States Armed Forces, and its agents, volunteers and employees from any and all liability for personal injury or death or property damage which results in any way from negligent actions and/or omissions of employees, volunteers and/or agents of the Arkansas National Guard, the State of Arkansas or the United States Armed Forces, arising out of the conditions on or about the premises and the facilities used for the Robinson Maneuver Training Center training program, including but not limited to natural or man-made obstacles and its placement, visibility or condition or my participation in any activity during the Robinson Maneuver Training Center training program **ACCEPTING MYSELF THE FULL RESPONSIBILITY FOR ANY AND ALL SUCH INJURY OR DEATH OR DAMAGE OF ANY KIND WHICH MAY RESULT. I ESPECIALLY AGREE TO ASSUME ALL RISK OF PERSONAL INJURY OR DEATH OR PROPERTY DAMAGE ASSOCIATED WITH PARTICIPATION IN THE EVENT.**

If I am signing on behalf of a minor, I hereby certify that I have full authority to act as his/her legal guardian and in that capacity I understand that in case of injury or illness of a minor, I will be notified. If it is impossible to contact me and it is an emergency, I hereby give permission for an attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of the minor child.

I hereby agree to fully indemnify and hold the Arkansas National Guard and the State of Arkansas and to the extent applicable the United States Armed Forces, harmless from any and all damages or losses or actions or any kind brought by any person, including the minor, which arises out of the participation in and/or attendance at the activities of the Robinson Maneuver Training Center training program and related events.

Acceptance of Liability Statement

Printed Name of Participant

Signature of Participant

Date

Parent/Legal Guardian Signature

Date

Your Contact Information

First Name:

M.I.

Last Name:

Address:

City, State, Zip Code:

Phone:

Age:

Emergency Contact Information (Name(s) and Telephone Number(s))

Name:

Phone:

Name:

Phone:

Vehicle Information

Year:

Make

Model

License Plate Number:

License Plate State:

Drivers License Number:

Issuing State:

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 U.S.C. Section 3012

PRINCIPAL PURPOSE: Used for statistical purposes and to locate individuals who fail to properly clear training areas.

ROUTINE PURPOSES: Personal information is not used for any other purpose.

DISCLOSURE: Mandatory; non-compliance will result in individual being ineligible to access training areas.

Release of Background Information

Print Name:

Date of Birth:

Drivers License Number:

State of Issue:

Current Address:

City, State, Zip Code:

Phone Number:

E-mail:

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Robinson Maneuver Training Center and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for access to a military installation. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, and any other public records.

Signature:

Date:

You may submit these documents to the following:

Arkansas Army National Guard **OR** ng.ar.ararng.list.rmtc-sportsmen-program@mail.mil
Box #15, Robinson Maneuver Training Center
ATTN: Sportsman Program
Camp Joseph T. Robinson
N. Little Rock, AR 72199-9600

FOR OFFICIAL USE ONLY

Visitors Pass Number or ID used to get on post:

Background Check Cleared:

Yes No

Sportsman Pass Type and Number:

Category of Denial:

Receipt Number: