

## Wisconsin National Guard Drug Control Program

2400 Wright Street  
Madison, WI 53704  
608-242-3543/Fax: 608-242-3546  
<http://drugcontrolprogram.org/>

### CHILD / GUARDIAN GENERAL RELEASE, INDEMNITY AND HOLD HARMLESS AGREEMENT, AND COVENANT NOT TO SUE with PHOTO/MEDIA RELEASE

**This is an important document. Please read it carefully before you sign and return it. If you have any questions about signing the document, please consult with your personal attorney. You may negotiate or bargain over the language in this document.**

In consideration for permission for my child to participate in the Wisconsin National Guard's Leadership Education Adventure Program, I, the parent/legal guardian of \_\_\_\_\_ (participant), do hereby release, acquit, discharge, indemnify, and hold harmless, the Wisconsin Department of Military Affairs, the State of Wisconsin, the National Guard Bureau and the Department of Defense, the United States of America, their officers, personnel, employees, and agents from any and all cause or causes of action, including personal injury, illness, death, property damage, cost, charges, claims, demands, and liabilities of whatever kind, name, or nature in any manner arising from the use of such facilities by my child, provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful, or wanton misconduct. This waiver of liability expressly releases the aforementioned parties from their own negligence.

Moreover, I hereby agree not to initiate suit or any form of litigation or judicial proceeding or to make any claim or claims of any type against the Wisconsin National Guard, the Wisconsin Department of Military Affairs, the State of Wisconsin, the National Guard Bureau and the Department of Defense, the United States of America, their officers, personnel, employees, or agents, to include, but not limited to death, personal injury, medical claims or property damage, directly or indirectly relating to or arising from or arising out of or by reason of the use of the facilities by my child.

I understand that the activities that will take place are inherently dangerous and may cause serious or grievous injuries, including bodily injury, damage to personal property and/or death. By this waiver, I assume any risk and take full responsibility.

I have read and understand the nature and significance of this general release, indemnity, and hold harmless agreement and agree to its provisions.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
TYPED OR PRINTED NAME OF CHILD

\_\_\_\_\_  
TYPED OR PRINTED NAME OF SIGNATORY

\_\_\_\_\_  
RELATIONSHIP OF SIGNATORY TO CHILD

**SPECIAL NOTE:** See the flyer on our website, <http://drugcontrolprogram.org/> for more information on what type of activities your child will be participating in. If there are any written-in modifications to this request without prior consultation with the Wisconsin National Guard Counterdrug Program, the participant shall not be allowed to participate in the scheduled event for which this General Release was executed for.

#### PHOTO/MEDIA RELEASE

By checking this box I agree to the following  provision:

I understand that the Wisconsin National Guard Drug Control Program is developing photographic and multi-media materials which will illustrate activities of the Wisconsin National Guard's Leadership Education Adventure Program. I grant to the Wisconsin National Guard, or any of its subordinate entities, the right to take, use, reproduce, assign, and/or distribute photographs, films, videotapes and sound recordings of the participant, for use in any such materials the Wisconsin National Guard or the Wisconsin Department of Military Affairs may create, without any payment to or future approval by me. I concur that there shall be no payment for such use.