

# WAIVER AND RELEASE FORM

(Note: Each registrant must have his/her parent or guardian sign the Waiver and Release form. Each adult registrant must sign the Waiver and Release form.)

Please print clearly.

Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Having been made aware of the activities involved with the ROTC Fitness Challenge being conducted on 5 November 2022, I hereby consent to the registrant's participation in the event. I voluntarily release and forever discharge the University of Houston, U.S Army, and the ROTC program from any and all liability, claims, actions, or rights of action which are in any way related to the registrant's participation in the Fitness Challenge. I agree to hold the University of Houston, US Army and the ROTC program harmless from any and all costs or damages, including attorney fees, incurred in connection with the registrant's participation in the Fitness Challenge. I further agree not to sue, assert or otherwise maintain any claim or cause of action against the University of Houston, US Army, and the ROTC program arising from the registrant's participation in the Fitness Challenge.

In case of emergency, I understand every effort will be made to contact parents or guardians of minor registrants. However, if parents or guardians cannot be reached, or if I, the below signed registrant is 18 years of age or older, I hereby give the registrants Cadre permission to act on my behalf in seeking and administering medical treatment in the event that such treatment is deemed necessary or advisable for the registrant's health, safety, and welfare. I release the University of Houston, US Army, and the ROTC program from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for an injury resulting from the registrant's participation in the Fitness Challenge on 5 November 2022.

Please circle which applies:    Parent/Guardian            Registrant is over 18 years of age

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

If you are a Parent/Guardian of a registrant who is under 18 years of age, please print and sign your name here: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_