

RELEASE AND LIABILITY INDEMNITY AGREEMENT

In consideration of the permission to the participant named below to participate in,

New Hampshire Wing, Civil Air Patrol, Summer Encampment or NCOA

I hereby release, remise, discharge and covenant not to sue the United States of America, the State of New Hampshire, Norwich University, the State of Vermont, or any of their respective Officers, employees and agents (hereinafter "the Agencies") with respect to all liability for any and all loss or damage, and any claims or demands therefore on account of injury to the person property or the resulting death for the named participant, whether or not caused by negligence of the Agencies or otherwise while the named participant participates in the said activity.

I further agree to indemnify the Agencies from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the Agencies become legally obligated to pay including reasonable attorney's fees and costs, as a result of claims, demands, costs or judgments, against the Agencies of account of or not caused by the negligence of the Agencies and whether or not such liability is sole, joint or several.

I understand that if the said activity involves transportation which is provided by the Agencies, I will accept full responsibility for such transportation, and I release, indemnify and hold harmless any persons providing such transportation.

I understand that in case of injury or illness, 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 participant.

I understand it is my responsibility to transport or arrange transportation for the participant to and from the activity. If for any reason the participant leaves, or is dismissed early from the activity, I understand that it is my responsibility to arrange for immediate transportation home.

I, the parent or legal guardian of the undersigned, have read this release and understand all its terms. I execute it voluntarily, willful authority, and with the full knowledge of its significance.

_____	_____	_____
Participant's name	Age	Home Phone

Address		

_____	_____	_____
Parent/Legal Guardian's Signature	Date	Work Phone

Norwich University Waiver
Climbing Wall
Rappelling Tower

I (**do / do not**) give permission for my child:

(Cadet Name)

to participate with the NH Wing Encampment on the **climbing wall** and the **rappelling tower**. I understand that fully qualified instructors from Norwich University staff will instruct and supervise this activity with the assistance of CAP personnel.

Name of parent/legal guardian (printed)

Signature of parent/guardian

Date