

**LIABILITY RELEASE,
EXPRESS ASSUMPTION OF RISK
AND
INDEMNIFICATION AGREEMENT**

I, (print name) Alberto Salas, hereby affirm that I have been advised and thoroughly understand the inherent hazards of the risks and safety requirements involved in participating in training activities located on JBSA-Camp Bullis, to include, but not limited to the navigation course, obstacle course, leadership reaction course and rappel tower. I understand there is a significant risk of injury from these activities, and that it can potentially cause permanent disability and death. Protective equipment and gear is required and can minimize the risk, but does not prevent the possibility of serious injury.

I hereby state I am in good physical condition and health, and I know of no medical symptoms conditions, illnesses, or other ailments which would be aggravated, worsened, or in any way adversely affected by my participation in these activities at JBSA-Camp Bullis.

In consideration for being allowed to participate in these activities, I hereby personally assume all risks in connection with said activities, for any harm, injury or damage that may befall me or to others while participating in these activities.

I agree to follow the directions of all Government and Government contractor personnel. I understand "Government" personnel include officers, employees (including military and civilian personnel), contractors, volunteers, and agents. I acknowledge that failure to follow any direction, order, regulation, or ground rule may result in the termination of my involvement in the activities stated above.

I hereby exempt, release, and hold harmless the United States Government, the United States Air Force, and any of its instrumentalities and personnel from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my participation in these activities. I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian, a copy of which is attached.

I also agree that I will indemnify the United States Government, the United States Air Force, its agents, employees, or servants, for any and all claims for injury, damages, or compensation by me, my agents, heirs, successors or assignees, which may arise at anytime whatsoever, and which are attributable directly or indirectly to conditions upon the land and equipment known or unknown by the United States Government, its agents, employees, or servants, or negligent conduct of the United States Government, its agents, employees, or servants.

I also agree to reimburse or make good any loss or damages or cost the United States Government, its agents, employees, or servants may have to pay as the result of said claims.

I understand this agreement shall be interpreted according to Federal law. It shall be as broadly interpreted as is permitted by pertinent Federal law.

Signature of Participant

Date

Signature of Witness

Date