

Remote Training Site Warner Springs, California

**Release of Liability (Adult)**

I. The United States of America hereby grants permission to \_\_\_\_\_ to enter upon the military reservation known as Remote Training Site Warner Springs for the following period: from the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ to the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, for the purpose of: \_\_\_\_\_.

II. In consideration for permission to enter RTS Warner Springs for the purpose set forth above I, \_\_\_\_\_, Hereby release and discharge the United States and all its officers, representatives, and agents acting officially or otherwise from any and all claims, demands, actions, or causes of action, due to injury, illness, or death that may result to me while within RTS Warner Springs. Including, but not limited to participation in the activities set forth in paragraph 1 above. This release from liability extends to any damages, injuries, or death caused by the negligent or wrongful act or omission of any employee of the United States while acting within the scope of his office or employment.

III. Some of the inherent dangers while conducting the training activities noted in Paragraph I above may include environmental dangers of: vehicular activity, vegetation and wildlife hazards, helicopter operations, flash floods, brush fires, untreated water, illegal alien transit activities, hillside drop-offs, and various other unanticipated hazards.

IV. I consent to the treatment by the medical facilities of the Department of Defense, or civilian physicians/medical facilities as may be required in the event of any illness, injury/accident arising while aboard RTS Warner Springs. This consent includes any emergency medical examination, anesthesia, or surgical diagnosis and/or treatment and/or hospital care provided by non-physician health care provider, which is advised by and rendered under the general or special supervision of any duly licensed physician or surgeon. This consent is given in advance of any specific diagnosis.

\_\_\_\_\_  
Participant      Date

\_\_\_\_\_  
Government Rep      Date