**Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**BATTLE OF THE BATTLESHIPS**

**AGREEMENT AND RELEASE OF LIABILITY**

**Please read and understand this document before signing.**

**ACKNOWLEDGEMENT OF RISK/RESPONSIBILITIES**

1. Participation in any Aquatics programs will subject the participant to the potentially hazardous activities of swimming and other water sports.
2. Hazards for these activities may include, but are not limited to: poor/hazardous footing, drowning, equipment failure, and falls resulting in serious injury or death.
3. Each participant is expected to engage in only those activities he or she is physically capable of safely accomplishing.
4. All 86th FSS/FSCS rules and policies must be obeyed at all times.
5. ***\*\*Life Vests must be worn by team members inside the boat.\*\****

**CONTRACT, WAIVER, RELEASE AND INDEMNIFICATION**

I certify that I am fully capable of participating in the activity for which he/she is entering the Aquatic Center. To the best of my knowledge, he/she has no medical or emotional condition which would place him/her at increased health or safety risk by participating in this activity. I have read and understand the above statements of possible risks/responsibilities for this activity. I hereby agree to release and discharge Ramstein Aquatic Center, 86th FSS/ FSCS, the Government of the United States and all of its officers, agents, volunteers, and employees, acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of the death or personal injury to (\*participants per signatures below), which may occur as a result of participation in Aquatic activities, or any negligent act or failure to act by Aquatic Center representatives, including volunteers, agents, or employees.

I (self, parent or legal guardian), have read, understand and acknowledge the risk and liabilities inherent with this activity per my signature below.

**Participant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**