

**MARINE CORPS BASE WAIVER OF LIABILITY FOR CAMPING
AND USE OF RECREATION EQUIPMENT RENTAL**

FOR MINOR CHILD

Legal Parent/Guardian of Applicant:

As the legal parent/guardian of the applicant, I hereby certify that my child is less than 18 years old. I am fully aware of the risks incurred in camping/outdoor activities/and/or rental and use of recreation equipment referred to in this Waiver and I have discussed them with my child. I understand that by signing below I am agreeing, along with my child, on behalf of myself, my representatives and assigns, not to sue the United States of America, the Department of Defense, the Department of the Navy, the United States Marine Corps, Marine Corps Combat Development Command, Marine Corps Base Quantico, the Marine Corps Community Services Division of the Marine Corps Base or any and all individuals assigned to or employed by the United States, to include but not limited to, the Secretary of the Navy, the Commandant of the Marine Corps, the Commanding General of the Marine Corps Combat Development Command, the Commander of MCB Quantico, or the Director of Marine Corps Community Services Division of the Marine Corps Base in both their official and personal capacities, or any medical personnel assigned thereto, or their representatives, successors, or assigns, or to hold any of the above liable for any injury, including death, that results from my child participating in this recreational activity aboard MCB Quantico. I intend to be fully bound by this agreement.

This document shall remain valid and in full force and effect from the date executed by the undersigned participant for and on behalf of a minor participant, the undersigned participant hereby warrants and represents that he/she is in fact the legal parent or guardian of such minor, with full rights of custody and control; that this document shall also be as fully binding upon said minor participant and the heirs, personal representatives, successors and assigns of any participant; and the undersigned participant further agrees that this document shall also be as fully binding on the undersigned participant as if it were entered into solely on his/her behalf.

Applicant's Birth Date: ____/____/____

Name of Child_____

Full Signature of Guardian: _____ Date: _____

Printed Full Name: _____

Branch of Service_____Rank_____Active Duty____Retired_____

Civilian DoD Civilian FBI DEA Grade_____

Street Address: _____City: _____State: _____

Telephone: _____Email Address: _____