

**AFJROTC Parental Consent Form**  
**Release, Indemnity and Assumption of Risk**

Air Force Junior Reserve Officer Training Corps (AFJROTC) will arrange for and provide a Cadet Leadership Course activity (hereafter, "Activity"). The purpose of the Activity is to introduce the cadet to basic leadership skills, physical fitness skills, marching, survival skills, leadership reaction courses, community service, and outdoor compass navigation techniques.

**Printed Name of Child:** \_\_\_\_\_

**AFJROTC Unit # and School District:** \_\_\_\_\_

I agree to assume the risk that unexpected events may occur and result in harm, injury, death, or illness to my child or damage to my property or my child's property while my child is participating in or observing the Activity, or traveling to or from the Activity. I agree, on my behalf and on behalf of my child, to indemnify AFJROTC, \_\_\_\_\_, and the **School District:** \_\_\_\_\_ and each of their employees, members, agents, affiliates, successors and assigns (collectively, the "Indemnified Parties") and not to sue the Indemnified Parties for any harm, injury, death, or illness, to my child or damage to my property or my child's property associated with my child's participation in, observation of, or travel to/from the Activity. I understand that my child's participation in the Activity is voluntary. I attest that my child is physically and mentally capable to participate in the Activity. If my child requires emergency medical treatment, please contact:

**Name of Emergency Contact Person:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

If the emergency contact person I have listed is not available, please contact:

**Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I consent to the provision of emergency medical treatment for my child to the extent that the treatment is necessary in the medical opinion of the medical provider rendering the treatment.

By signing below, I grant permission for my child to participate in the Activity described above. This Release, Indemnity, and Assumption of Risk statement covers all events associated with the Activity. If I have any concerns about my child's ability to participate, I agree to discuss my concerns with my child's instructor or, if appropriate, with my child's physician before signing this form.

**Printed name of Parent or Legal Guardian:** \_\_\_\_\_

**Signature of Parent or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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PERSONAL INFORMATION may  
result in disciplinary action, criminal and/or civil penalties.