

Applicant Name: _____ CAPID: _____

2017 Wisconsin Wing Summer Encampment Release Agreements

All cadet applicants must have this form signed and submitted. Failure to submit and/or sign this form will result in disqualification from attending encampment.

RELEASE AGREEMENT (TO BE SIGNED BY THE CADET)

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for Civil Air Patrol Special Activities or Encampments, and I hereby volunteer entirely upon my own initiative, risk, and responsibility for an assignment to participate in this activity of encampment at the first available opportunity and with full knowledge that such activity may include:

1. Traveling by land, sea, or air in US military, commercial, or privately owned vehicles from regular place or residence to the site of the activity or encampment, travel incident to the activity or encampment, and subsequent return to place of residence.
2. Participation in aeronautical activities as a passenger or student trainee in US military, commercial, or privately owned aircraft.
3. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions.
4. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.
5. Remaining with the cadet group I am assigned to at all times during the activity or encampment.
6. Acting as a spokesman for Civil Air Patrol, rendering reports on the activity or encampment.
7. Refraining from argumentative discussions concerning governmental policies.

In consideration of the permission extended to me by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto.

_____ Date

_____ Signature of Applicant

RELEASE BY PARENTS OR GUARDIAN

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity or encampment referred to above, In consideration of the permission extended to my child by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents and employees acting official or otherwise, from any and all claims, demands, actions or causes of action, on account of the death or on account of any injury to my child which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto. In addition, by my signature below, I certify the applicant:

1. Is my minor child or ward.
2. Has no history or injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form.
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer or encampment commander, or other staff members. If not following the above mentioned rules, regulations, and directives he/she may be sent home at the discretion of the project officer, encampment commander or activity directory at my expense.

However, in case of injury, disease or other illness, permission is hereby granted to treat the applicant as required, and if the applicant is released from the activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.

_____ Date

_____ Witness for Father's Signature

_____ Father or Legal Guardian

_____ Witness for Mother's Signature

_____ Mother or Legal Guardian

PARENTS/GUARDIANS (AND SENIOR MEMBER ATTENDEES) READ AND INITIAL BELOW

All Parents/Guardians of cadets, as well as senior members, attending the encampment, please read the statement below and initial, and check the appropriate box. This information will assist the medical staff in best caring for the applicant in case of emergency.

_____ Initials

I understand that, in the case of emergency, the applicant may be transported to a hospital or other urgent care facility that is outside of my insurance carrier's network, that if a prescription needs to be refilled that may occur at a pharmacy that is out-of-network, and that I will need to contact my insurance carrier to request prior authorization for any services outside of their network. I also understand that the Civil Air Patrol, its Wisconsin Wing and its members will not be financially responsible for any such medical care received or prescriptions filled.

Check one below

My insurance carrier WILL provide out-of-network health care and prescription coverage for the applicant while at this activity.

My insurance carrier WILL NOT provide out-of-network health care and prescription medication coverage for the applicant while at this activity; I assume responsibility for all costs related to any emergency care or prescription medication required.

Submit this form no later than 31 JULY 2017 via one of two methods:

- Option 1: Print, sign, scan (PDF ONLY) and email to encampment@wiwg.cap.gov. In the subject line of the email please indicate the applicant's name and CAPID. **This is the preferred method.**
- Option 2: Print, sign, and mail to: Wisconsin Wing HQ, Attn: Encampment Applications, 2400 Wright Street, Madison, WI 53704-2572