



JROTC Cadet Leadership Challenge

(Summer Camp)



Unit of Assignment - *Completed During Inprocessing*

Company: A B C Platoon: 1 2 Squad: 1 2 3 4 Building: _____ Bunk _____
(Circle One) (Circle One) (Circle One)

Consolidated form for:

CADET INFORMATION, STATEMENT OF PHYSICAL CONDITION AND DENTAL RECORDS, CONSENT TO MEDICAL TREATMENT, and CONVENANT NOT TO SUE

- AUTHORITY:** Title 10, U.S. Code 2102; Code 23-1
- PRINCIPAL PURPOSE(S):** To gather information, emergency points of contact, and statement of the physical condition of JROTC cadets attending JCLC. A statement authorizing medical care in civilian or government medical facilities while attending or traveling to or from JCLC. To release the U.S. Government, the host institution and the state in which said institution is located from liability for injury; death, or damages for JROTC cadets participating in voluntary off-campus training programs, practical field, and high risk training.
- ROUTINE USES:** Normal Personnel Actions---Disclosures of information may be provided to proper authorities in actions regarding medical treatment, legal actions in the event of injury or death, investigation of accidents, and preparation of statistics and training records resulting from JCLC.
- MANDATORY OF VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Disclosure is voluntary. Failure of cadet to complete form will disqualify JROTC cadet from participating in JCLC.

Part 1 - Cadet Information - Completed by Cadet & Parent (Guardian)

Complete both pages. Incomplete forms will not be accepted.

(Last Name) (First Name) (Middle Initial)

_____, Louisiana _____
(Street, City) (Zip Code)

Home Telephone: (____) _____ - _____ Date of Birth: _____ - _____ - _____
(Year) (Month) (Day)

____ Male ____ Female LET Level for Next School Year: ___2___3___4

(High School Name)

Emergency Information - Completed by Cadet & Parent (Guardian)

Primary: _____ Relationship: _____

(Street, City, Zip) (____) _____ - _____
(Phone Number)

(Alternate Phone Number)

Alternate: _____ Relationship: _____

(Street, City, Zip) (____) _____ - _____
(Phone Number)

(Alternate Phone Number)

**CADET INFORMATION, STATEMENT OF PHYSICAL CONDITION AND DENTAL RECORDS,
CONSENT TO MEDICAL TREATMENT, and CONVENANT NOT TO SUE**

Continued for:

_____ (Last Name) _____ (First Name) _____ (Middle Initial)

_____ (High School Name)

Part 2 - Medical and Dental Information *Completed by Parent (Guardian)*

Doctor: Dr. _____ (Name) _____ (Phone Number) - _____
_____, Louisiana _____
(Street, City) (Zip Code)

Dentist: Dr. _____ (Name) _____ (Phone Number) - _____
_____, Louisiana _____
(Street, City) (Zip Code)

Insurance Provider: _____ Card/Policy/Group Number: _____

(Attach Xerox copy of insurance card [both sides] to this completed form.)

(Parent Initials) To the best of my knowledge, my son/daughter/ward is in good physical and mental condition. Participation in JCLC, in my opinion, will not have an adverse effect on his/her health and/or well-being. I will inform the school JROTC Senior Army Instructor/Army Instructor of any changes.

(Parent Initials) My son/daughter/ward has a history of (identify illnesses: Heart disease, Asthma, Overweight, Sinus, Rheumatic Fever, Ear Infection, Headaches, or any other ailments):
_____, and is on _____ medication
(Write "None" if Applicable) (Specify or write "None")

(Parent Initials) My son/daughter/ward is allergic to _____.
(Write "None" if Applicable)

(Parent Initials) Cadet dental records contain detail profiles and/or x-rays of sufficient detail for identification.

(Parent Initials) Cadet **(does) (does not)** have a dentist or dental records.
(Circle One)

(Parent Initials) Cadet consents to and is authorized to treatment in any medical facility near or enroute to JCLC.

(Parent Initials) Consent encompasses all procedures and treatments as are found to be necessary or desirable, in the judgment of the professional staff of any medical facility to which cadet is taken.

Note: students found to have previous history of any type illness, past injury, and/or symptoms of suspected medical ailment, may be returned home if treatment is, recommend, or needed.

**CADET INFORMATION, STATEMENT OF PHYSICAL CONDITION AND DENTAL RECORDS,
CONSENT TO MEDICAL TREATMENT, and CONVENANT NOT TO SUE**

Continued for:

(Last Name)	(First Name)	(Middle Initial)
(High School Name)		

Part 3 – Contract of Release and Waiver of Liability *(Completed by both Cadet and Parent (Guardian))*

I, the Participant, and I, the Releasor, acknowledge and agree that I have voluntarily applied to participate in JROTC military-style training activities ("Training"), which may include any of the following (examples include, but are not limited to): rock climbing, rappelling, drill and ceremonies (marching and parades), field training, military maneuvers, water events (such as swimming, boating, rafting or any event involving water that is not specifically mentioned elsewhere), sports or athletic events (which may involve rigorous exercise), rope climbing (includes any event involving a rope that is not specifically mentioned elsewhere), and similar such activities.

I AM AWARE AND ACKNOWLEDGE THAT THE ACTIVITIES IN WHICH I WILL PARTICIPATE ARE INHERENTLY DANGEROUS. THE INHERENT HAZARDS OF SUCH ACTIVITIES COULD CAUSE SERIOUS INJURY OR DEATH. I HEREBY AFFIRM THAT I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH FULL KNOWLEDGE AND ACCEPTANCE OF ALL DANGERS INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN. I AFFIRM THAT I AM IN GOOD HEALTH AND THAT I HAVE NO MEDICAL OR PHYSICAL CONDITIONS THAT CAN, WILL OR MIGHT PREVENT MY SUCCESSFUL PARTICIPATION IN ANY TRAINING ACTIVITIES, AND I FURTHER AFFIRM THAT I PRESENTLY AM COVERED BY AN ADEQUATE HEALTH AND LIFE INSURANCE POLICIES THAT WILL COVER ANY INJURIES OR DEATH THAT I MIGHT SUFFER WHILE PARTICIPATING IN ANY TRAINING ACTIVITIES.

In consideration for being permitted by the U.S. Army and any agency or employee of the U.S. Government ("U.S.G."), and any lessor/owner of the premises ("Lessor"), or the owner of any of equipment or facilities ("Affiliated Individuals or Organizations") required to participate in any Training and use or be on or in the premises and facilities wherein or whereon the Training will take place. I, the Participant/Releasor do hereby forever release the U.S.G., the Lessor, or any Affiliated Organizations, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly or indirectly connected to these activities, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, legalese, distriburtees, guardians, next of kin, spouse and legal representatives waive any and all rights I might have to make a claim against, sue, or attach the property, personal or public, of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN MYSELF AND THE U.S.G., THE LESSOR, AND ANY AFFAIATED ORGANIZATIONS, AND RELEASEES AND SIGN IT KNOWINGLY, VOLUNTAIRLY AND OF MY OWN FREE WILL (OR ON BEHALF OF BOTH MYSELF AND MY MINOR CHILD), AND ASSUME ANY AND ALL RISKS OF AND LIABILITY FOR INJURY OR DEATH ASSOCIATED WITH OR ARISING FROM MY PARTICIPATION IN ANY TRAINING ACTIVITIES.

I verify, affirm and acknowledge that the dangers of the activities and the significance of this Release and Waiver were explained to both myself and the Participant/Releasee, to my satisfaction, and that both I and the Participant/Releasor understand and consent to risking them.

Executed at _____, _____ on _____, 2015.

Parent (Guardian) Name ("Releasor")	Parent (Guardian) Signature	Relationship
Cadet Name ("Participant")	Cadet Signature	Cadet Age

Authorized agent of the U.S.G., the Lessor, any Affiliated Organizations, and the Releasees:

JROTC Instructor (SAI or AI) Name (as U.S.G. Agent)	JROTC Instructor (SAI or AI) Signature	(SAI or AI) Rank
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