

Activity Consent Form and Approval by Parents or Legal Guardian for participation in NROTC

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the US Navy, NROTCU RPI, the activity coordinators, and all employees, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's signature

_____ Date _____

Parent/guardian printed name

_____ Parent/guardian signature

_____ Date _____

Parent/guardian printed name

Area code and telephone number (best contact and emergency contact) E-mail (for use in sharing more details)

Encl (7)