**WAIVER AND HOLD HARMLESS AGREEMENT**

*All dependents, DOD Civilians, and non-military patrons must read and sign before they participate in training at this facility.*

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Please print legibly)*

ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(If you are a military dependent, provide your sponsor’s rank, organization, and phone number)*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, desire to participate in Open Mats training at the United States Army Combatives Course facility at Fort Moore, GA. In consideration of the benefit of participating in this event, I agree to release and hold harmless the United States from any damages to property or injuries which I may suffer incident to my participation in this activity.

Specifically, I agree to release and hold harmless the United States, its officers and its agents, from any and all liability and claims for damages to property or injuries to persons or property that may arise or be incident to my participation in Open Mats.

Further, I agree to release and hold harmless the United States, its officers and its agents, against any claims, demands, actions, debts, liabilities, judgements, costs, or attorney fees arising out of, claimed on account of, or in any manner predicated upon my use of Fort Moore property, facilities, and/or equipment including, but not limited to, any loss or damage to property, any injury or death of any person, in any manner, caused or contributed to by the United States, its Officers, or its agents.

BY SIGNING, I DECLARE THAT I HAVE READ AND VOLUNTARILY ENTER INTO THE TERMS OF THIS WAIVER AND HOLD HARMLESS AGREEMENT.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE

VERIFIED BY GOVERNMENT REPRESENTATIVE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RANK NAME POSITION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE