



**HEADQUARTERS**  
 Camp Atterbury Joint Maneuver Training Center  
 Edinburgh, Indiana 46124-5000

**RELEASE AND INDEMNIFICATION FORM**

\_\_\_\_\_ conducted on \_\_\_\_\_  
(name of event or activity) (date of event)

involves an activity which may include risks such as but not limited to, falls, contact with other participants, effects of weather, traffic and other conditions. In consideration of being allowed to participate in this event. I hereby expressly assume all risks, arising out of my participation in the above listed event or activity and related activities.

Although facilities, refreshments, and other assistance may be made available during this event, I am responsible for my own health and safety. I represent and warrant that I am physically fit and able to participate in the above listed event or activity and related activities and I agree to stop and request assistance if I experience any symptom such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue.

I agree, for myself, my heirs, executors and administrators, to release, indemnify and hold harmless, the United States of America, State of Indiana, Military Department of Indiana, their affiliates, officers, directors, volunteers and employees and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in this event and related activities - whether it results from the negligence of any of the above or from any other cause.

The foregoing release and indemnification agreement shall be as broad and inclusive as is permitted by the State of Indiana. If any portion of it is held invalid, the balance shall continue in full force and effect.

I have read, understand and agree to the terms of this agreement.

Participant's Printed Name	Participant's Signature
Date	

**If Participant is a minor, parent or guardian must sign below:**

I am the legal guardian of Participant and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement and I hereby agree on behalf of myself and the participant to its terms.

Parent/Guardian's Printed Name	Parent/Guardian's Signature
Date	

**Instructions:** This form must be completed and on file at office below prior to event. **Completed form should be turned in to the organization holding the event.** Organizations should deliver completed forms to Post Security or Post Staff Duty Officer (SDO), if DPTMS is closed or mail to the address below:

Headquarters, Camp Atterbury  
 ATTN: Scheduling Branch  
 DPTMS, Bldg 127  
 PO Box 5000  
 Edinburgh, Indiana 46124-5000