CAMP ROBINSON WILDLIFE MANAGEMENT PROGRAM MEMBER APPLICATION FORM

This form must be complete with signatures prior to attending the orientation meeting. Documentation and proof of eligibility will be verified prior to admittance. All information is mandatory. See reverse side for details.

PLEASE PRINT LEGIBLY				
NAME:	RANK/GRADE/GS:			
CELL PHONE:	WORK PHONE:			
EMAIL: Military or AR ARNG email address				
ALT EMAIL: Email for CRWMP announcements (must check regulation)	ılarly)			
ELIGIBILITY: (MUST PROVIDE VAI	LID ID OR PROOF OF ELIGIBILITY)			
☐ Arkansas Army National Guard	☐ Arkansas Air National Guard			
☐ Full Time Employee of the Arkar of Arkansas, or the Professional Ed	nsas National Guard, Military Department ucation Center.			
	ne of the above categories and been a member Supervisor information is not required.			
UNIT / EMPLOYER NAME AND I	LOCATION:			
UNIT REP / SUPERVISOR NAME	E AND PHONE:			
UNIT REP / SUPERVISOR SIGNA By signing the Unit Representative or Supervisor standing with the Arkansas National Guard. For A WOLS, or adverse actions.	ATURE: is verifying that the Service Member or Employee is in good AR ARNG members this means no Administrative Flags,			
APPLICANT SIGNATURE:	DATE:			
CRWMP ST	ΓAFF USE ONLY			
CRWMP MEMBER #:				
RECREATIONAL PASS#:				

Robinson Maneuver Training Center, AR ARNG Liability Release

Release of Liability, Hold Harmless and Indemnification Agreement

In consideration for use of specified areas of Robinson Maneuver Training Center, I freely accept and VOLUNTARILY ASSUME ALL RISK of personal injury or death or property damage. I specifically acknowledge the risks associated with firing weapons, which can include severe personal injury and even death, and hereby assume the risk of firing said weapons. I also assume the risk for any other activities in which I participate on the Robinson Maneuver Training Center.

I hereby release, remise, discharge and covenant not to sue the State of Arkansas, Arkansas National Guard, and in so far as applicable, the United States and the United States Armed Forces, and its agents, volunteers and employees from any and all liability. This includes liability for personal injury, including death, or property damage which results in any way from negligent actions and/or omissions of employees, volunteers and/or agents of the Arkansas National Guard, the State of Arkansas or the United States Armed Forces, arising out of the conditions on or about the premises and the facilities used for the Robinson Maneuver Training Center. This includes, but is not limited to any natural or man-made obstacles and its or their placement, visibility or condition impacting my participation in any activity during my use of the Robinson Maneuver Training Center. I, MYSELF, ACCEPT THE FULL RESPONSIBILITY FOR ANY AND ALL SUCH INJURY OR DEATH OR DAMAGE OF ANY KIND WHICH MAY RESULT. I SPECIFICALLY AGREE TO ASSUME ALL RISK OF PERSONAL INJURY OR DEATH OR PROPERTY DAMAGE ASSOCIATED WITH MY PARTICIPATION. If I am signing on behalf of a minor, I hereby certify that I have full authority to act as his/her legal guardian and in that capacity. I understand that in case of injury or illness of a minor, I will be notified. If it is impossible to contact me and it is an emergency, I hereby give permission for an attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of the minor child.

I hereby agree to fully indemnify and hold harmless the Arkansas National Guard and the State of Arkansas and to the extent applicable the United States Armed Forces, from any and all damage or loss or actions of any kind brought by any person, including the minor, which arises out of participation in and/or attendance at any activities on the Robinson Maneuver Training Center.

Printed Name of Participant		Age	Telephone Number			
Address:						
City:	State:	County: Zipcode:_				
Signature of Participant	Date	Parent/Legal	Guardian Signature	Date		
Emergency Contact Information Name:		Telephone Number:				
1				_		
2				_		
Vehicle Information: Year:	Make:	Model:	LP/State:_			
Drivers License Number:	Issuing State:					