

Robinson Maneuver Training Center Recreational Use Application

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 as applicable. 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.

Acceptance of Liability Statement

Printed Name of Participant	Signature of Participant	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Legal Guardian Signature (If participant is a minor)	Date	
<input type="text"/>	<input type="text"/>	

Primary Use Type: Hunt _____ Fish _____ Bike _____

Your Contact Information:

First Name:

M.I.

Last Name:

Address:

City, State, Zip Code:

Phone Number:

DOB:

Age:

Driver's License Number and State:

Vehicle information:

Year

Make

Model

License Plate Number:

State:

Insurance Carrier:

Policy Number:

Emergency Contact Information:

Name:

Phone Number:

Release of Background Information

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Robinson Maneuver Training Center and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for access to a military installation. I understand that the scope of the consumer report/investigative consumer report may include, but I not limited to the following areas: civil and criminal history record from any criminal justice agency in any or all federal, state, count jurisdictions; driving records, and any other public records.

Signature:

Date:

I acknowledge that I have received a copy of the Robinson Maneuver Training Center (RMTC) Policy No. 20220801 Recreational Use Policy and agree to abide by all the rules and regulations within that policy.

Signature:

Date:

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 U.S.C. Section 3012

PRINCIPAL PURPOSE: Used for statistical purposes and to locate individuals who fail to properly clear training areas.

ROUTINE PURPOSES: Personal information is not used for any other purpose.

DISCLOSURE: Mandatory; non-compliance will result