

INFORMED CONSENT AND WAIVER OF LIABILITY

This Waiver Is To Use One National Historic Ranch House Properties On Camp Pendleton

Please check one: Santa Margarita Site _____ or the Las Flores Site _____

RE: _____

(Name, Event and Date, such as "Jones wedding 10 June 2018")

This is a voluntary release of liability and complete assumption of risk. I, _____, hereby release Marine Corps Base Camp Pendleton (hereinafter "Camp Pendleton"), the United States Marine Corps, the Department of the Navy, the United States Government, and all agencies and instrumentalities thereof, its agents, officers, servants, and personnel (hereinafter "the government"), from any and all liability, claims, demands and actions whatsoever resulting from my use of either the Las Flores Adobe National Historic Landmark or the Santa Margarita National Historic Landmark aboard Camp Pendleton.

This release applies to myself, and to my parents, spouse, children, guardian, executors, future heirs, assigns, creditors and administrators. This release of liability includes, but is not limited to claims based on negligence, both passive and active, of the government arising out of, or relating to any loss, damage (including loss of and damage to property), illness, death, or injury that may be sustained during my use of the Las Flores Adobe National Historic Landmark or the Santa Margarita National Historic Landmark aboard Camp Pendleton. This release also applies to all dangers inherently involved in the activities in which I desire to participate. I understand that the risks involved in these activities include, but are not limited to, risks resulting from falling, colliding with obstacles, my personal physical condition, other participants, lack of hydration, interaction with animals both wild and domestic, injuries or death resulting from recreational activities, and a high volume of traffic by civilian and military vehicles.

I hereby authorize emergency medical treatment in the event of injury or illness. I also authorize trained health care providers, including, but not limited to physicians, nurses, nurse practitioners, emergency medical technicians and hospital corpsmen, to administer routine and/or emergency medicines and treatments, as needed.

This release shall remain in effect, indefinitely, from the date of signature until rescinded in a formal writing by the government. I also agree to fill out, complete and submit an accurate application for use and to be available by phone the day prior, the day during, and the day after my scheduled event.

I further state that I, _____, have carefully read the foregoing release, all rules and regulations pertaining to this site and know the contents thereof, and sign this release as my own free act, on behalf of myself and/or my child or children for whom I am authorized to act as legal guardian.

| | | |
|-------|---------------------------|--|
| _____ | _____ | _____ |
| Date | Signature of Participant* | Signature of Guardian (if participant is a minor) |

Phone number: _____, _____

Email address: _____

Witness: _____

Government Employee Witness: _____

*This Form to be kept on File by Command for Three Years from the Date of Signature