

PROSPECTIVE RECRUIT INFORMATION & RELEASE FORM

U.S. Naval Sea Cadet Corps – Kentucky Division

Date: _____

Prospective Recruit's Name: _____

Address: _____

City/State: _____ Zip: _____

Home Phone#: _____ Date of Birth: _____ Age: _____

E-Mail: _____ Current Grade: _____

School: _____ School's City: _____

Parent/Guardian's Name:

Name: _____ Relationship: _____

(if different from above)

Address: _____

City/State: _____ Zip: _____

E-Mail: _____

Home Phone #: _____ Cell Phone #: _____

If Cannot Reach Person Listed Above, CONTACT:

Name: _____

Home Phone #: _____ Work Phone #: _____

In Case Of Medical Emergency:

Medical Insurance Provider: _____

Policy#: _____ Phone#: _____

Provider Address: _____

AUTHORIZATION AND RELEASE

PLEASE READ CAREFULLY

I, the undersigned, request voluntary participation for ("Minor") to participate in all events, including but not limited to physical training and other scheduled unit training, and transportation to and from these activities ("activities") sponsored by the **U.S. Naval Sea Cadet Corps and USNSCC Kentucky Division**.

1. I consent to Minor's participation in the activities and acknowledge that Minor and I fully understand Minor's participation may involve risk of serious injury or death, including losses which may result not only from Minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with Minor's participation with the activity coordinators and unit staff before any activities begin. I consent to the transporting of Minor to USNSCC-related activities by adult staff members in their personal vehicles. The Minor will not be permitted to travel alone with a driver and will be in the company of other cadets at all times, and will not be permitted to travel with USNSCC cadet drivers in their personal vehicles.
2. In consideration of allowing Minor to participate in activities, I hereby release and hold harmless the **U.S. Naval Sea Cadet Corps and USNSCC Kentucky Division**, and their members of its board of directors, officers, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain, and on behalf of Minor, with respect to any and all damage and/or injury, of any type, arising from Minor's participation in the activities.
3. The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor's participation in the activities. The undersigned also agrees that this Authorization and Release Agreement extends to all acts of negligence by the Released Parties and is intended to be as broad and inclusive as is permitted by the laws of Kentucky and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
4. I certify that Minor is in good health and has no physical condition that would prevent participation in the activities. In case of an emergency and if you cannot contact me, I hereby consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practices Act, Kentucky Business and Professions Code §2000 et. seq.; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental Practices Act, Kentucky Business and Professions Code §1600 et. seq. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of the **U.S. Naval Sea Cadet Corps and USNSCC Kentucky Division** including its officers and volunteers, to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of Kentucky Family Code §6910. These authorizations shall remain effective so long as Minor participates in activities unless sooner revoked in writing delivered to the **U.S. Naval Sea Cadet Corps and USNSCC Kentucky Division**
5. The **U.S. Naval Sea Cadet Corps and USNSCC Kentucky Division** reserve the right to terminate Minor's participation for failure to observe and abide by all rules and requirements of the unit.

Name of Minor Participant: _____

Name of Parent/Legal Guardian (print): _____

Signature of Parent/Legal Guardian: _____

Date: _____

Please complete the Medical History Form and submit with this form.