



Fort Tuthill Air Force Recreation Area
 HC 39 Box 5; Flagstaff, AZ 86001
 (928) 774 8893 ~ www.forttuthill.com



Fort Tuthill Luke AFB Recreation Area | Outdoor Adventure Program

Agreement and Release of Liability Waiver

Trip Dates: _____ **Trip Name:** _____

AGREEMENT AND RELEASE OF LIABILITY:

Whereas, I desire to participate in the Outdoor Adventure Program, an outdoor activities program sponsored by Ft. Tuthill Recreation Area, an agency of the United States Air Force, and whereas I am fully aware of the following:

1. That the purpose of the program is to promote physical fitness and enjoyment of the outdoors through organized outdoor recreation activities.
2. That participation in the program may subject myself to potentially hazardous activities such as, but not limited to: mountaineering, river rafting or kayaking, canoeing, hiking, cross country skiing, mountain biking, swimming, overnight trips, and other physically strenuous outdoor activities.
3. That I am expected to engage in only those activities that I am physically capable of accomplishing.
4. That water activities and instruction may be held on lakes and rivers without the supervision of a lifeguard.
5. That there will be no consumption of alcohol on any O.A.P. trip in any capacity whatsoever during the actual activity due to the fact that the activity may subject the participant to potential hazards. On overnight trips, moderate and controlled consumption may be allowed only after camp is set.
6. If I choose on my own accord to either arrive or leave an O.A.P. activity in a privately owned vehicle, I am acting outside the scope of responsibility of the O.A.P. activity involved; and neither the O.A.P. nor Luke A.F.B. can be held responsible for any injury or damages done to myself or my equipment while in the personally owned vehicle.
7. Smoking material, drugs (other than personal medication), and alcohol will not be used nor consumed in any government vehicle.
8. I also understand that it is my responsibility as a participant to obtain all trip information by attending a pre-trip briefing, by sending a representative to that briefing, or by personally contacting the O.A.P for trip details.
9. Seatbelt usage is required at all times while riding in a government owned vehicle (where seatbelts are provided).

Therefore, in consideration of the privileges of participating in the Outdoor Adventure Program, I release the United States Government, the United States Air Force, and its agents, officers, servants, and employees of and from any and all liability, claims, demands, actions, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by myself or any of my property which may occur as a result of my participation in the Outdoor Adventure Program.

I am aware of the risk and hazards inherent in activities of the O.A.P. and hereby voluntarily elect to participate in the activities. I voluntarily assume all risk of loss, damage, or injury, including death, which may be sustained by myself or any of my property while participating in an O.A.P. activity.

This release shall be binding upon my distributors, heirs, next of kin, executors, administrators, and personal representatives.

I have read, comprehend, and agree to the terms as stated above:

 Printed Name of Participant

 Printed Name of parent or legal guardian
 (If participant is under 18 years old)

 Signature

 Signature of Parent or Legal Guardian

 Date



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Medical Information

Trip Dates: _____ **Trip Name:** _____

Please answer all of these questions truthfully and to the best of your knowledge. All information will be kept confidential.

Print Your Name Date of Birth Height Weight

* Please list below any allergies you may have to certain foods, medications, insect bites or stings, pollen, etc.

* Please list below any medication or drugs, either prescribed or not, that you are currently taking.

* Do you have any special dietary concerns or aversions to specific foods?

- Are you a Diabetic? Yes _____ No _____
- Do you have any respiratory conditions, such as Asthma or Emphysema? Yes _____ No _____
- Has your doctor ever said you have a heart condition? Yes _____ No _____
- Do you have any bone or joint ailments? Yes _____ No _____
- Have you had any surgery in the past 6 months? Yes _____ No _____
- Do you have any phobias of heights, tight spaces, darkness or moving water? Yes _____ No _____

*Has your physician been notified of your participation in this activity? Yes _____ No _____

*Emergency Contact Information:

Name: _____ Phone: _____

Address: _____

This form must be returned to Ft. Tuthill at least **three weeks prior** to the start of scheduled outing.

Signature of participant

Date

Signature of parent or legal guardian
(If participant is under 18 years old)

Date

*Ft Tuthill reserves the right to deny participation to any individual we feel is not physically qualified for this program. Denial of participation may include being overweight, excessive smoking, poor physical condition, etc.