Release of Liability

PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT, WAIVER, AND RELEASE FROM LIABILITY

Principal Purposes: To release the United States Government, Department of the Army, 1st Armored Division and Fort Bliss and the agents and employees thereof from any and all liability arising from or incident to participation in the Skills USA, Texas District 1 Competition hosted at the Fort Bliss Culinary Facility on 11th and 12th February 2018.

Mandatory or Voluntary Disclosure and Effect on Individual Not Providing Information: Voluntary; however, if information is not provided, participation in the activity may be denied.

I HEREBY ASSUME THE RISKS, IN MY PERSONAL CAPACITY AND AS WARD, GUARDIAN OR PARENT, ON BEHALF OF THE BELOW LISTED CHILD PARTICIPATING IN THE ABOVE REFERENCED ACTIVITY. THE FORT BLISS CULINARY FACILITY MAY CARRY WITH IT THE POTENTIAL FOR SERIOUS INJURY WHILE PARTICIPATING IN ANY FOOD PREPARATION OR DEMONSTRATION. STUDENTS WILL HAVE ACCESS TO OVENS AND PORTABLE ELECTRONIC BURNERS AND OTHER HAZARDS PRESENT IN FOOD PREPARATION.

I and/or the below listed child are participating voluntarily and understand that we are under no commitment to participate in such activities or to travel on Army provided transportation. In consideration for me or my below listed child being allowed to participate in such activities, I hereby, for myself and for the below listed child, our heirs, personal representatives, and executors, waive, release and forever discharge any and all rights, liabilities, and claims for loss or damages which we may have or hereafter accrue. And hereby agree to release and hold harmless the United States Army, and/or the United States Government, 1st Armored Division and Fort Bliss, its employees or staff, and volunteers for any and all injuries which may be suffered as a result in participation in such activities or use of Army provided transportation to include actions or inaction and the actions, inaction or negligence of others to include the entities and person named above.

I hereby authorize any emergency medical treatment if needed for myself or the below listed child.

I also agree to release the United States and the United States Army from any and all liabilities, claims, and causes of action, based on or arising from negligence or gross negligence on the part of the United States Army, Fort Bliss, and its agents and employees.

I HEREBY AFFIRM THAT I HAVE READ THIS DOCUMENT AND THAT I UNDERSTAND AND AGREE TO ITS CONTENTS.

I acknowledge that I have read and understand the provisions of this release and understand that it is binding upon myself and my assigns, heirs, executors, beneficiaries, family members, and derivative claimants. I further acknowledge that I have no medical history or condition that would preclude me from participating in the food preparation and demonstration at the Fort Bliss Culinary Facility.

_____________________________  ________________________________
Date                                         Printed Name of Parent/Guardian if Minor

_____________________________  ________________________________
Printed Name                                         Signature of Parent/Guardian if Minor
Privacy Act Statement:
This information is collected under the authority of 35 USC 2 and 122. This information is also being collected in conjunction with the provisions of the Government Paperwork Elimination Act. This information will only be used by the U.S. Patent and Trademark Office (USPTO) staff to issue and revoke digital certificates and to recover keys. It is requested that you supply this information so that the USPTO can authorize the creation of a digital certificate. This digital certificate enables the USPTO to issue the cryptographic “keys” necessary to provide you with a digital identity and to support encrypted communication between you and the USPTO. This information will be used to construct a unique name (distinguished name) and to communicate with you about the certificate grant and software distribution process. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of this request.

The information provided by you in this form will be subject to the following routine uses:
1. This information may be disclosed to Federal, state, local, or foreign agencies responsible for investigating, prosecuting, enforcing, or implementing laws, contracts, rules, or regulations, if these records indicate a violation or a potential violation of a law or contract. These violations or potential violations can be civil, criminal, or regulatory in nature and can arise from general or particular program statutes or contracts, rules, regulations, or from the necessity of protecting an interest of the Department.

2. A record from this system of records may be disclosed to a Federal, state or local agency maintaining civil, criminal or other relevant enforcement information or other pertinent information, such as current licenses, if necessary to obtain information relevant to a Department decision concerning the assignment, hiring or retention of an individual, the issuance of a security clearance, the letting of a contract, or the issuance of a license, grant or other benefit.

3. A record from this system of records may be disclosed in the course of presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.

4. A record in this system of records may be disclosed to a member of Congress or to a congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

5. A record in this system of records may be disclosed to the Office of Management and Budget in connection with the review of private relief legislation (as set forth in OMB Circular No. A-19) at any stage of the legislative coordination and clearance process as described in the Circular.

6. A record in this system of records may be disclosed to the Department of Justice to determine whether disclosure is required by the Freedom of Information Act (FOIA).

7. The information may be disclosed to the agency contractors, grantees, experts, consultants, or volunteers who have been engaged by the agency to assist in the performance of a service related to this system of records and who have need to have access to the records in order to perform the activity. Recipients of information shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 USC 552a(m).

8. The information may be disclosed to the Office of Personnel Management (OPM) for personnel research purposes as a data source for management information, for the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related man-power studies.

9. Records from this system of records may be disclosed to the National Archives and Records Administration or to the General Services Administration for records management inspections conducted under 44 USC §§ 2904 and 2906.

10. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether it is civil, criminal, or regulatory in nature, and whether it arises from a general or particular program statute, a regulation, rule, or order, the record may be disclosed to the appropriate Federal, foreign, state, local or tribal agency, or to other public authorities responsible for enforcing, investigating, or prosecuting violations, or to those agencies charged with enforcing or implementing statutes, rules, regulations, or orders, if it is determined that the information is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.