AFJROTC Parental Consent Form

Event: Cadet Leadership Course
Description: The event will include two training days in Salem and two nights/three days at Center Strafford Army National Guard Station. The experience will include expeditionary environment and introduce cadets to basic aspects of the Air Force such as morale, team building, fitness, and Espirit’ De Corps. The bus will depart from the Salem High School PAC entrance.

Salem Training Dates: 15-16 Aug   Time: 8:00am – 12:00pm
Location: Salem High School JROTC room   Uniform of the Day: Athletic attire

Center Strafford Training Dates: 19 – 21 Aug   Departure: 7:30am   Return: 12:00pm
Location: Center Strafford Army National Guard Station, Center Strafford, NH

Release, Indemnity, and Assumption of Risk
Air Force Junior Reserve Officer Training Corps (AFJROTC) has arranged for and provide a Cadet Leadership Course activity (hereafter, “Activity”). The purpose of the Activity is to introduce the cadet to basic leadership skills, physical fitness skills, marching, leadership reaction courses, community service, and other leadership activities. Separate forms will be provided if a military incentive flight is included.

Printed Name of Cadet: ____________________________________________
AFJROTC Unit and School District: NH-20001, Salem High School NH SAU57

I agree to assume the risk that unexpected events may occur and result in harm, injury, death, or illness to my child or damage to my property or my child’s property while my child is participating in or observing the Activity, or traveling to or from the Activity. I agree, on my behalf and on behalf of my child, to indemnify AFJROTC, NH-20001, and the school district: NH SAU57 and each of their employees, members, agents, affiliates, successors and assigns (collectively, the “Indemnified Parties”) and not to sue the Indemnified Parties for any harm, injury, death, or illness, to my child or damage to my property or my child’s property associated with my child’s participation in, observation of, or travel to/from the Activity. I understand that my child’s participation in the Activity is voluntary. I attest that my child is physically and mentally capable to participate in the Activity.

If my child requires emergency medical treatment, please contact:

Name of Emergency Contact Person: ____________________________________________
Cell Phone: ___________________   Work Phone: ______________________

If the Emergency Contact Person I have listed is not available, please contact:
Doctor: ___________________   Phone: ______________________

I consent to the provision of emergency medical treatment for my child to the extent that the treatment is necessary in the medical opinion of the medical provider rendering the treatment.
By signing below, I grant permission for my child to participate in the Activity described above. This Release, Indemnity, and Assumption of Risk statement covers all events associated with the Activity. If I have any concerns about my child’s ability to participate, I agree to discuss my concerns with my child’s instructor or, if appropriate, with my child’s physician before signing this form.

Printed name of Parent or Legal Guardian: ____________________________________________
Signature of Parent or Legal Guardian: ____________________________________________ Date: __________

The information herein is For Official Use Only (FOUO) information which must be protected under the Freedom of Information Act (5 U.S.C. § 522) and/or the Privacy Act of 1974 (5 U.S.C., §552a), as amended. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties.