NOTICE OF INHERENTLY DANGEROUS ACTIVITY

OBSERVANCE/PARTICIPATION IN LIVE-FIRE RANGES/TRAINING ABOARD MARINE CORPS INSTALLATIONS, NATIONAL CAPITAL REGION (MCINCR)-MARINE CORPS BASE, QUANTICO (MCBQ), VIRGINIA

| training that could result in destruction of my person instructors, other observers/ participants in the training Printed Name of Participant | onal property as well as serious personal injury o | - | |
|---|---|---|--|
| training that could result in destruction of my person | onal property as well as serious personal injury o | - | |
| I understand that observation of/participation in this | is Organization directed training is voluntary and with observation of/participation in an inherently | | |
| I understand that I may withdraw my consent to ob by notifying any member of the instructor staff. I to given same will require my exclusion from all furth | further understand that such withdrawal of conse | | |
| As an observer/participant in the training conducte <i>directions and instructions</i> issued by the instructor protection of myself, the instructors, and any other directions may result in my immediate and comple | ors and representatives of the host agency (USMC observers/participants. I understand that failure | C) for the to adhere to such | |
| Consent to Observe/Participate: | | | |
| The training, which I am about to observe/participal fire ranges and/or training areas on | . I understand the following four cautions with areas: first, all such live-fire ranges and/or training its personnel in the deadly art of individual shave been subject to countless live-fire training e which, if triggered or encountered by me or dutas, could result in serious bodily injury or death; or natural obstacles, some of which may be hiddious bodily injury or death; fourth, live-fire ranger such that extreme heat, humidity, cold, wind, cosure to serious bodily injury, sickness, accident the ammunition and weapons by both instructors a ficiency in the use of weapons and tactics. I furth the physical fitness training like muscle sprains or accompanying physical contact with other participations. Observation of and/or participation | regard to these ing areas are and unit combat; exercises and ring my physical third, these livelen, which could ge and training or wet will or death. Ind students, ther understand strains, tendon ipants, and the in this event are | |
| Region - Marine Corps Base (MCINCR-MCBQ), (| | · | |
| [name of government organization] | | | |

AGREEMENT TO INDEMNIFY

| В | Y | THE |
|---|---|------|
| D | 1 | 1111 |

(insert full name of entity/event)

FOR PARTICIPATION IN THE

MARINE CORPS INSTALLATIONS NATION CAPITAL REGION (MCINCNR) – MARINE CORPS BASE QUANTICO (MCBQ), VIRGINIA COMMAND VISIT PROGRAM

| The signature at the bottom of this Agreement to Indemnify (i.e., not to sue for damag government for costs associated with a lawsuit should anyone else so sue) is a certificat full name of entity] | ation by the authorized [insert einafter the "Organization," there are inherent risks njuries or accidents could raining observation or and signed a Notice of on and is available upon instructors and rticipants, the instructors, and tion's and its participants' |
|---|---|
| In consideration for participation in the MCINCR-MCBQ Command Visit Program, to the Organization agrees to indemnify the United States Government, the Department of the Navy, the United States Marine Corps, its officers, military personnel, employees and instrumentalities thereof, against any and all claims, whether for damage, loss, injincidental costs and expenses), brought by any person, group, or organization, as a rest the Organization training being conducted. Nothing contained within this Agreement construed as relieving the United States, (including it agencies and instrumentalities) a employees from any liability growing out of its or their negligence, nor will anything Agreement be construed as an assumption of indemnification on the part of the United Department of Defense, the Department of the Navy, the United States Marine Corps, personnel, employees and agents, and all agencies and instrumentalities thereof, as again from or growing out of any such negligence. PLEASE PRINT CLEARLY | of Defense, the Department of and agents, and all agencies ury, or death (including all ult of, or in connection with, will, however, relieve or be and their officers, agents and contained within this I States Government, the its officers, military |
| Complete Organization Name | |
| | |
| Complete Organization Mailing Address | |
| Phone Number | |
| Name of Organization Official | |
| Signature of Organization Official | Date |