

IMPORTANT: THIS IS A LEGAL DOCUMENT

Please read and understand this document before signing. If you have any questions please ask us or consult an attorney.

Naval Support Activity Washington (NSAW), Navy Civilian Morale, Welfare and Recreation (CMWR) Department, Commander Navy Installations Command (CNIC), Navy Wounded Warrior (N951) and their staff _____ have done everything possible to assure that our patrons experience a rewarding experience. We wish to inform our patrons that participating in sports are not risk free. The same elements that contribute to the unique character and fun of sports such as physical exertion or the terrain can cause loss or damage to equipment, and injury, illness, or in extreme cases, permanent trauma or death to the participant or others under his or her supervision. We do not want to heighten or reduce your enthusiasm for the experience, but we do want you to know in advance what to expect, and to be informed of some of the possible risks. We ask that you read this, sign it, and return it to our office.

ACKNOWLEDGMENT OF RISK

I _____ (name of participant) hereby acknowledges that I have voluntarily chosen to participate in the **Navy Wounded Warrior 5K Run/1 Mile Walk**. I am participating in the program with the knowledge of the risks involved and hereby agree to accept any and all inherent risks including, but not limited to temporary or permanent muscle soreness; sprains; strains; cuts; abrasions; bruises; ligament and/or cartilage damage; head; neck or spinal injuries; loss of use of arms and/or legs; eye damage; disfigurement; or even death. I also recognize that there are both foreseeable and unforeseeable risks of injury that may occur as a result of participating in this program. Furthermore, I recognize that participation in the program involves activities and risks incidental thereto, including but not limited to, travel to and from competitions, practices, and other related activities, limited availability of medical assistance and the possible reckless conduct of other participants.

This list is not an exclusive or exhaustive list of possible injuries, trauma, or accidents that may occur participating in this program. Most of these injuries are rare and you are not likely to encounter them. However, they have occurred, and you need to know about them and other possible injuries not mentioned above. These injuries occur more often when the participants are not physically able to undertake these activities.

CONTRACT, WAIVER, RELEASE AND INDEMNIFICATION

I certify that I am fully capable of participating in the **Navy Wounded Warrior 5K Run/1 Mile Walk**. I state that I have read the above statement on some of the possible risks associated with participating in the **Navy Wounded Warrior 5K Run/1 Mile Walk** _____. Therefore, I assume full responsibility for myself, for bodily injury, death and loss of personal property and any expenses as a result of my negligence or the negligence of NSAW, MWR/CMWR, CNIC, N951 and their staff _____. I also understand that NSAW, MWR/CMWR, CNIC, N951 reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of using this facility _____.

I agree to indemnify and hold harmless NSAW, MWR/CMWR, CNIC, N951, their staff, and the U.S. Navy, and its members, agents and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from my participation in this program _____. I further agree to release, acquit and covenant not to sue NSAW, MWR/CMWR, CNIC, N951, their staff and the U.S. Navy, program members, agents and employees for all actions, causes of action claims or damages, damages in law or remedies in equity of whatever kind, including the negligence

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of NSAW, MWR/CMWR, CNIC, N951 and their staff or my family, myself, or my heirs, against them arising out of in this program _____. In short, I cannot sue NSAW, MWR/CMWR, CNIC, N951 and their staff, and the U.S. Navy, and its members, agents and employees, and if I do, I cannot collect any money _____.

I agree to the site of any lawsuit and the law governing any such lawsuit shall be governed under the Federal Tort Claims Act, Military Claims Act, Foreign Claims Act, Suits in Admiralty Act, Public Vessels Act or Admiralty Extension Act, which ever is applicable _____. As liquidated damages, I hereby agree that if NSAW, MWR/CMWR, CNIC, N951

_____ is forced to defend any action, lawsuit or litigation by myself, my executors, or my heirs, on my family's or my behalf; accordingly, my heirs or executors and I agree to pay court costs and attorney fees if they successfully defend such action, lawsuit or litigation. Should any paragraph or part of this agreement be declared unenforceable by a court of competent jurisdiction, the remaining parts or paragraphs shall remain in full force and effect. A copy of this release can be used as if it was an original.

I have adequate health, disability and life insurance for my family and myself. I hereby give permission for transportation to any medical facility or hospital, and I authorize for any guide, or medical personnel to render necessary emergency medical care for my family or me. I hereby authorize the release of any medical information, including information concerning my HIV or "AIDS" status, in the possession of NSAW, MWR/CMWR, CNIC, N951 _____ to any medical facility, hospital, ambulance, first aid provider, first aid service, doctor, nurse or other such person rendering care on my behalf. I hereby waive any action or claim against NSAW, MWR/CMWR, CNIC, N951 _____ and their staff or any health care provider, hospital, doctor, nurse, or first aid provider for the release of this medical information including my HIV or "AIDS" status.

I authorize and release to NSAW, MWR/CMWR, CNIC, N951 _____ and their staff the use of my image in any photograph or video recording for any purpose of NSAW, MWR/CMWR, CNIC, N951 _____.

I, _____, of my own free will, for my family, my minor children, my heirs and executors and myself, have read, understand and acknowledge the risks and liability for myself, and my family this ____7____ day of ____November____ 2025__.

☐ I affirm that I am of lawful age and legally competent to sign this waiver, or that I have acquired the written consent of my parent or guardian.

I have read and understood this agreement.

PARTICIPANT SIGNATURE PRINT NAME

PHONE: [_____] _____

IN CASE OF EMERGENCY, PLEASE CONTACT: _____

PHONE: _____

I CARRY MEDICAL INSURANCE. YES _____ NO _____ GROUP NUMBER: _____

NAME OF PROVIDER: _____