

WAIVER OF LIABILITY
FOR TRAINING
Aboard
MARINE CORPS BASE, QUANTICO, VIRGINIA

I am about to observe/participate in activities to be conducted under the direction of the ***U.S. Navy Marksmanship Team***, hereinafter the "Organization", using various ranges and training areas aboard Marine Corps Base (MCB), Quantico, Virginia.

The event(s), which I am about to observe/participate in will be held on or associated with MCB Quantico live-fire ranges and training areas. I understand the following **four** cautions with regard to these MCB Quantico live-fire ranges and training areas: **first**, all such live-fire ranges and training areas are designed for and used by the Marine Corps for training its personnel in the deadly art of individual and unit combat; **second**, these live-fire ranges and training areas have been subject to countless livefire training exercises and may well contain a variety of unexploded ordnance which, if triggered or encountered by me or during my physical presence on the live-fire ranges and training areas, could result in serious bodily injury or death; **third**, these live-fire ranges and training areas contain manmade or natural obstacles, some of which may be hidden, which could cause me to stumble, fall, and otherwise suffer serious bodily injury or death; **fourth**, live-fire range and training area conditions are often aggravated by the weather such that extreme heat, humidity, cold, wind, or wet will increase the likelihood of physical danger and exposure to serious bodily injury, sickness, accident or death. **Finally**, the activities may involve use of live ammunition and weapons by both instructors and students, including me, who have varying levels of proficiency in the use of weapons and tactics. **I further understand** that this activity may cause injuries associated with physical fitness training like muscle sprains or strains, tendon pulls, dislocation of joints, broken bones; injuries accompanying physical contact with other participants, and the inherent dangers associated with environmental conditions. **Observation of and/or participation in this activity are inherently dangerous and could result in property damage as well as serious bodily injury or death to me and to others.**

Consent to Observe/Participate and Assumption of Risks:

As an observer/participant in the activities conducted under the direction of the Organization, I agree to ***obey all directions and instructions*** issued by the instructors and representatives of the host agency (USMC) for the protection of myself, the instructors, the other participants and any observers. I understand that failure to adhere to such directions may result in my immediate and complete removal from the Organization directed activities.

I understand that I may withdraw my consent to observe/participate in the Organization activities at any time by notifying any member of the instructor staff. I further understand that such withdrawal of consent after having given same will require my exclusion from any and all further Organization directed activities. I understand that observation of/participation in this Organization directed activity is voluntary and that by undertaking this activity, I am assuming all of the risks attendant with observation of/participation in an inherently dangerous activity that could result in destruction of my personal property, as well as serious personal injury or death to me, instructors, other observers/participants in the activity.

Initials

Date

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FEDERAL EMPLOYEES AND MILITARY PERSONNEL:

To the extent that I am a federal employee or military member observing/participating in the Organization directed activities under official orders or duty status, I acknowledge that the sole remedy for any injuries or death will be, respectively, the Federal Employees Compensation Act (FECA) at 5 U.S.C. Section 8102 or the Federal Tort Claims Act (FTCA), 28 U.S.C. Section 1346 et. seq., that any relief will lie solely against the Federal Government vice any individuals, and that any relief may be barred in toto by the application of the FTCA.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT, THAT I AM FULLY AWARE OF THE RISKS INVOLVED IN THIS ACTIVITY, AND THAT I VOLUNTARILY ACCEPT AND ASSUME THE RISKS ASSOCIATED WITH SUCH ACTIVITIES.

I understand that should I decline to execute this Waiver of Liability, I will not be permitted to observe/participate in the Organization activities.

Printed Name of Observer/Participant

Phone Number

Signature of Observer/Participant

Date