LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

PLEASE READ CAREFULLY AND FILL IN YOUR NAME BEFORE SIGNING

I (name of participant)_____, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of the physical activities involved in the Physical Ability and Stamina Test (PAST) and the physical development sessions administered by T3i, Inc.

I hereby state I am in good physical condition and health, and I know of no medical symptoms, conditions, illnesses, or other ailments which would be aggravated, worsened, or in any way adversely affected by my participation in the PAST/physical development activities.

I hereby state that I am voluntarily participating in the PAST and physical development sessions because I desire to be classified into the Spec Ops/Combat Support career fields. I agree to follow the directions and orders of the Air Force personnel directing these activities. I agree to immediately notify these personnel of any physical pain, shortness of breath, or discomfort during these activities.

In consideration for being allowed to participate in these activities, I hereby personally assume all risks in connection with said activities, for any harm, injury, or damage that may befall me while I am taking the PAST or physical development sessions, including all risks connected with these activities. Also, I understand that neither the Air Force nor the United States government provides any medical care in the event I am injured while participating in these physical activities.

I hereby exempt, release, and hold harmless the United States government and the United States Air Force, their employees, agents, officer, director, representatives, and any other person from any claim or lawsuit by me, my family, estate, heirs, or assigns arising out of my participation in this activity. I further state that I am of lawful age and competent to sign this liability release.

This agreement shall be interpreted according to federal law. It shall be as broad and inclusive as permitted by pertinent federal law.

Participant's Full Name		Witness' Full Name	
Signature of Participant	Date	Signature of Witness	Date

IF PARTICIPANT IS UNDER THE AGE OF 18, COMPLETE THE FOLLOWING

I am the parent or legal guardian of (name of participant) _____ I understand the above hold harmless agreement between my child and the United States. By signing this agreement, I agree to release, acquit, and forever discharge the United States Air Force, their employees, agents, officer, director, representatives, and any other person or entity in interest with them from any and all liability whatsoever, including all claims, demands, or causes of action of any kind and nature I, my minor child, my heirs, executors, or assigns may have or ever claim to have that may occur or arise by reason of my child's participation in the PAST and physical development activities.

Parent or Guardian's Full Name		Participant's Full Name	
Signature of Parent or Guardian	Date	Signature of Participant	Date

Emergency Contact Information

Name	Relationship	Phone Number