

SAN ONOFRE RECREATION BEACH INFORMED CONSENT AND WAIVER OF LIABILITY

Assumption of Risk for: _____
(Name of Group or Organization)

This is a voluntary release of liability and complete assumption of risk. I hereby release Marine Corps Base Camp Pendleton, California (hereinafter "Camp Pendleton"), the United States Marine Corps, the Department of the Navy, the United States Government, and all agencies and instrumentalities thereof, its agents, officers, servants, and personnel (hereinafter "the government"), from any and all liability, claims, demands and actions whatsoever resulting from my presence on Camp Pendleton, or my involvement in a

_____ aboard Camp Pendleton sponsored by _____
(TYPE OF ACTIVITY ; CAMPOUT/PICNIC)

(Name of Group or Organization)

This release applies to myself, and to my parents, spouse, children, guardian, executors, future heirs, assigns, creditors and administrators. This release of liability includes, but is not limited to claims based on negligence, both passive and active, of the government arising out of, or relating to any loss, damage, illness, death, or injury that may be sustained while on Camp Pendleton. This release also applies to all dangers inherently involved in the event in which I desire to participate. I understand that the risks involved in this event include, but are not limited to, risks resulting from swimming, surfing, or other miscellaneous games; fatigue, physical exhaustion, dehydration, poor conditioning, or other medical or trauma-related ailments or injuries.

Known risks aboard military installations include, but are not limited to: (1) Injuries or death resulting from strenuous activities (2) Injuries or death resulting from recreational activities; (3) High volumes of traffic by civilian and military vehicles; and (4) Significant distances from the event site to medical treatment facilities or hospitals.

I hereby authorize emergency medical treatment in the event of injury or illness. I also authorize health care providers, including; but not limited to physicians, nurse practitioners, and hospital corpsmen, to administer routine and/or emergency medications and treatments as needed. I hereby release these health care providers from all liability for acts associated with providing me with emergency medical care.

I understand that no special measures have been taken to specifically address the needs, tendencies and care of minor children. I agree that this release applies, not only to myself, but also to my minor children who accompany me, and to any minor children entrusted to my care or guardianship.

I further state that I, _____, have carefully read the foregoing release, know the
(Print Your Name)
contents thereof, and sign this release as my own free act, on behalf of myself and/or my children or children for whom I am authorized to act as legal guardian.

Date

Signature

Witness: _____

Witness: _____