

**State of [INSERT STATE]**

**HOLD HARMLESS**

**AGREEMENT**

**[COMPANY NAME HERE]**

**Company street address here**

**City State, Zip Codes**

**123-456-7890, 111-222-3333**

**www.email123@email.com**

1. **PRIVACY ACT STATEMENT**: Personal data is solicited under authority of 10 USC 3012 and AR 27-40. The information is for use to determine eligibility for voluntary participation in activity of **Wisconsin Drug Control Program** in the area of Volk Field ANGB and/or Ft McCoy to include all Volk Field and/or Ft. McCoy used facilities. Disclosure of requested information is voluntary, but failure to disclose all or any part of it may result in denial of permission to participate in such activities for training hosted by **Wisconsin Drug Control Program** during your training period**.**

2. **PERSONAL DATA**:

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE \_\_\_\_\_\_\_\_\_\_\_\_**

**FIRST MIDDLE LAST**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY STATE ZIP**

**Person to be notified in case of emergency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(If different than above) CITY STATE ZIP**

**TELEPHONE: Area Code \_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

3. **DECLARATION:** I desire to participate at my own risk during this training activity. I represent I will take all safety precautions necessary thereto, assuming sole and full personal responsibility for ensuring all reasonably foreseeable safety requirements are met to my personal satisfaction prior to my active participation in such activity. I state I am in good health, physically fit to engage in this activity, and have no known medical condition which could foreseeably jeopardize my safety during such participation or be aggravated by such participation. As a condition precedent to my being permitted to engage or participate in such activity, I personally hereby forever release, acquit, discharge, indemnify and hold harmless the United States, it’s agents, officer, and employees, from any and all causes of action, including personal injury, illness, death, and property damage, costs, charges, claims, demands and liabilities of whatever kind, name or nature in any manner arising out of or in connection with my participation in the indicated activity. I understand and agree I may be held liable for any damage or loss to the United States Government that is caused by my negligence, willful misconduct, or fraud while participating in this activity.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TODAY’S DATE PRINTED NAME OF PARTICIPANT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ORGANIZATION NAME & PHONE # SIGNATURE OF PARTICIPANT**

**PHOTO/MEDIA RELEASE**

**By checking this box, I agree to the following provision**: \_\_\_\_\_\_\_\_initials

I understand that the Wisconsin National Guard Drug Control Program is developing photographic and multi-media materials used to advertise the training support capabilities at Volk Field ANGB and Ft. McCoy. I grant to the Wisconsin National Guard, or any of its subordinate entities, the right to take, use, reproduce, assign, and/or distribute photographs, films, videotapes and sound recordings of the participant, for use in any such materials the Wisconsin National Guard, and the Wisconsin Department of Military Affairs may create, without any payment to or future approval by me. I concur that there shall be no payment for such use.