COVENANT NOT TO SUE

Statement Required by Privacy Act of 1974

1. Authority: Title 10, US Code 2102

2. Principle Purpose(s): To release the U.S. Government – US Army JROTC, the Host School – Palm Beach County, Palm Beach School District, St. Lucie County, Martin County and the 6th ROTC Brigade from liability for injury, death, or damages for JROTC cadets participating in voluntary on/off-campus training programs.

3. Routine Uses: Normal personnel actions. Disclosure of information may be provided to proper authorities in actions regarding law enforcement, legal actions as a result of injury or death, investigations of accidents resulting from such voluntary off-campus training.

4. Mandatory or voluntary disclosure and effect on individual not providing information: Disclosure is voluntary. Failure of the individual to complete this form will disqualify the JROTC cadet from participating in specific voluntary on/off-campus training.

Ι,	,(Type or Print Full Name) residing
at	(Street Address)
	(City, State, Zip), () (Phone).

I do hereby agree that in consideration for being allowed to participate in the Palm Beach County JROTC activities conducted by the Palm Beach County JROTC, and whereas I am doing so entirely on my own initiative, risk and responsibility; and being fully aware of the risks adhering to this type of training, I hereby RELEASE AND DISCHARGE FOREVER, the United States Army, the State of Florida, the School Board of Palm Beach County, Florida, and all of its officers, agents, volunteers and employees, acting officially or otherwise, from any and all claims, demands, actions, or cause of action, on account of myself or on account of any injury to me which may occur from any cause during said activity or continuances thereof, including those based upon the negligence, actions or inactions of those referenced above; and I do further covenant and agree to hold the said Government of the United States –U. S. Army JROTC, the State of Florida, and the School Board of Palm Beach County, Florida, and employees blameless for any and all damage which I may cause either intentionally or through my negligence.

(Signature of Parent/Guardian)	(Signature of Cadet Participating)
(Type/Print Name of Parent/Guardian)	(Type/Print Name of Cadet)
(Relationship to Cadet)	(Age/Period Covered)
(Date of Signature)	(Witness)