

The USMC Educators Workshop will be held from 27-31 July, 2020

Please return the COMPLETED application to Sgt Steven Tran at: steven.tran@marines.usmc.mil

For questions and concerns, email or call: (503) 326-3016



U.S.M.C. EDUCATORS WORKSHOP APPLICATION & QUESTIONNAIRE

PLEASE PRINT OR TYPE:

*Name (Mr. Mrs. Miss. Ms.) (Full legal name on driver's license or identification card required):

*Organization & Job Title: _____

*Home Address/Mailing Address: _____

*Telephone: Home: _____ Work: _____

Mobile: _____ Email: _____

IMPORTANT!

*Date of Birth: _____ Male Female

*Military Background or Experience: Yes No

*Immediate Family Military Involvement: Yes No

*Prior Educator Workshop Visits: _____ *I Would Like to Fly from: _____

*I Understand I Will Be Offered A Double Hotel Room, And Would Like To Share A Room With:

Special Rooming Instructions: _____

*Do You Have Any Physical Problems Or Require Any Special Needs?

Comments: _____

I UNDERSTAND THAT ALL INFORMATION GIVEN WILL BE KEPT STRICTLY CONFIDENTIAL.

*X _____
Signature of Applicant

* _____
Educational Institution Name

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Date: _____

Full Name: _____

Address: _____

This is a release of liability. In consideration for receiving meals, lodging and transportation, from the Department of Defense, United States Navy, United States Marine Corps, Marine Corps Base Camp Pendleton, and Marine Corps Recruit Depot San Diego (the foregoing entities collectively referred to as the United States Government) **I hereby release the United States Government, including all of its subdivisions, officers, military personnel, employees and agents, from all liability for any injuries I may incur while participating in the Educators Workshop at Marine Corps Recruit Depot San Diego, Marine Corps Base Camp Pendleton and Marine Corps Air Station Miramar from _____ to _____.**

I understand that in transporting me, the United States Government is not acting as a common carrier for hire and does not bear the liabilities attaching to that status.

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

Initial: _____ Date: _____

Witness: _____ Date: _____

I understand that my participation in the Educators Workshop may be physically strenuous and may occur under conditions and in areas that are potentially hazardous. These may include, but are not limited to, encounters with the following: both man-made and natural obstacles, camouflaged as well as visible; holes; ditches; trenches, and other irregularities of terrain. I further understand such participation may include participating in and observing various strenuous and possibly dangerous activities, including but not limited to: weapons handling, live fire marksmanship training, navigating obstacles, hiking, and transportation in and close proximity to military tactical vehicles or other government-owned vehicles. Such activities entail the possibility of serious injury, both physical and psychological, or death, to others and me. I further understand that participation requires good physical health and conditioning.

I specifically agree that I will not file a claim against the United States Government or any of the entities mentioned above for any injuries resulting from negligence or otherwise. I understand that if necessary, I will receive medical care by the military on an emergency basis. Once my condition stabilizes, I understand that I will be transported to a civilian medical facility or a private physician of my choosing for continued medical care, if required. I also understand that the United States Government may make a claim under the Medical Care Recovery Act against my health care provider or me to recoup any costs incurred by the military in providing emergency medical services for me.

Initial: _____ Date: _____

Witness: _____ Date: _____

Assumption of the risk. I certify that I am in good physical health and in agreement with all of the above conditions, free from any coercion, recognizing, understanding and accepting the risks involved, I fully waive any and all actions and claims arising from any injury or damage, both physical and psychological, arising from participation in this event. In consideration of receiving permission from the United States Marine Corps to engage in activities during the Educators Workshop at MCRD San Diego, MCB Camp Pendleton and MCAS Miramar from _____ to _____, I hereby waive for myself and my parents, spouse, children, guardian, executors, heirs, assigns, creditors and administrators any and all rights and claims for damages, demands, and any other actions whatsoever, against the United States Government, the Department of Defense, the United States Navy, the United States Marine Corps, Marine Corps Base Camp Pendleton, Marine Corps Recruit Depot San Diego, and all agencies and instrumentalities thereof, its agents, officers, servants and personnel (hereinafter referred to as "the government"), from any and all liability, claims, demands, and actions whatsoever, including but not limited to claims based on the negligence, both passive and active, of the United States Government arising out of or relating to any loss, damage, illness, death or injury that may occur.

I acknowledge that I voluntarily accept the above transportation and medical care arrangement and that I am under no compulsion to do so. I understand that by signing this agreement I incur no obligation to the United States Government except as imposed by this release. This release binds myself, my heirs and assigns, administrators and executors.

I FURTHER CERTIFY THAT I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND EACH PROVISION OF THIS RELEASE AND ASSUMPTION OF RISK. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE UNITED STATES GOVERNMENT AND I SIGN IT OF MY OWN FREE WILL AND CHOICE.

Print Name: _____ Date: _____

Signature: _____ Date: _____

Witness: _____ Date: _____