

**NAVY MWR FACILITIES, PROGRAMS AND ACTIVITIES**  
**MWR WATERCRAFT RENTAL AND USAGE**  
**RELEASE OF LIABILITY AND ASSUMPTION OF RISK**

**• THIS IS A LEGAL DOCUMENT •**

*Please read and fully understand this document before signing. If you have any questions please consult an attorney.*

**Full Name of MWR Patron/Participant:**

**Parent/Guardian Name (if applicable):**

**MWR Event:**

**Location:**

**Date of Event:**

Navy Morale, Welfare and Recreation (MWR) is committed to operating its facilities and conducting its activities in a safe manner and holds the safety of its patrons and their guests of paramount importance. Navy MWR continually strives to reduce the risks associated with its operations and insists its patrons are aware of and follow all safety rules and instructions designed to protect them.

**General.** I confirm that I am an eligible MWR patron over 18 years of age, and if under 18 years of age, an authorized MWR patron participating in an MWR event or utilizing MWR facilities or equipment (hereafter "MWR event") described below with express consent of my parents or other legal guardian(s). I also acknowledge that I have voluntarily chosen to participate in this Navy MWR event, and that the event in which I am participating has certain risks, inherent and otherwise, that cannot be eliminated, and these risks can cause loss, damage and destruction to equipment and personal property, accidental injury and illness, and in extreme cases, permanent trauma, disability or death.

**Warning of Risk.** Despite proper maintenance and preparation of facilities and equipment, instruction, medical advice and conditioning, there is risk of serious injury when participating in any MWR event. While some risks are inherent to the facility or the MWR event concerned, not all hazards and dangers can be foreseen. Depending on the particular facility, equipment or MWR event, I understand that there exists certain risks, dangers, and injuries from inclement weather; exposure to the elements; hypothermia and drowning; contact naturally occurring with plants, animals, and insects; slipping or falling, whether it be through poor skill level, preexisting medical condition, physical limitations, inattention, carelessness, horseplay or other hazards; inadequate or defective equipment; inclement weather and water conditions, and inadequate supervision or instruction, including the negligent act or omission of a Navy MWR employee or other individuals; and other circumstances inherent to operating or riding as a passenger on a watercraft. I also understand and acknowledge that there may be "free" time when I may not be actively participating in the event for which I am intending to participate, yet potential hazards may nevertheless be present. In this regard, I recognize that Navy MWR cannot guarantee my absolute safety should I participate in this MWR event.

**MWR Event.** I understand and acknowledge the physical and mental rigors associated with operating a watercraft, whether human-, motor- or wind-powered, and realize that launching, operating or riding as a passenger in such watercraft and other related activities are inherently dangerous and represent a test of a person's physical and mental limits, as well as their seamanship skills. I understand that participation involves risks and dangers which include, without limitation, the potential for serious bodily injury, permanent disability, paralysis and death, and loss or damage to property through exposure to extreme conditions and circumstances brought about by weather and water conditions, accidents, illness, contact or collision with other watercraft and natural or manmade objects (navigational hazards); watercraft, and navigational, communication and other equipment failure; inadequate safety measures; operators of varying skill levels; situations beyond the immediate control of Navy MWR, its employees, volunteers and other event organizers; and other

***You are encouraged to learn of additional risks associated with your participation in this and other MWR events through Recreational Off-Duty Safety (RODS) information, resources, and reference material available at the Navy Safety Center web site, [http://www.public.navy.mil/NAVSAFECEN/Pages/shore/off-duty\\_rec/off\\_duty\\_rec.aspx](http://www.public.navy.mil/NAVSAFECEN/Pages/shore/off-duty_rec/off_duty_rec.aspx), as well as additional safety-related resources made available through your command's RODS Office, as well as commercial resources.***

undefined risks of harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers ("risks"). I know that participating in this MWR event is a potentially hazardous activity, and that I should not operate watercraft of any kind unless I am medically and physically able and properly trained.

I understand that these risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the event, or the acts, inaction or negligence of the released parties described herein. I agree to be familiar with and abide by the rules and regulations established for operating watercraft. I also accept sole responsibility for my own conduct and actions while in possession of and while operating the watercraft, and the condition and adequacy of my equipment. I hereby expressly assume all such risks and responsibility including, but not limited to, collisions, groundings, and the proper operation of the watercraft; maintaining and using equipment in a safe and proper manner; the effects of changing water conditions and the weather, including wind, storms, and exposure to extreme temperatures and their affects;, with all such risks being known and appreciated by me.

**Medical Information and Consent to Treatment.** In the event of injury or illness, I authorize on behalf of myself (or my child/ward, having not attained the age of 18 years), Navy MWR to provide or obtain first aid and medical treatment, and to seek additional medical treatment at the nearest and most adequate medical facility of its choice. This medical treatment authorization form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances for myself (or my child or ward).

**Medical Insurance.** I have adequate health, disability and life insurance for my family and myself. I hereby give permission for transportation to any medical facility or hospital, and I authorize for any MWR employee, guide or volunteer, or any medical personnel to render necessary emergency medical care for my family or me. I hereby authorize the release of any medical information, including information concerning my HIV or AIDS status, in the possession of Navy MWR to any medical facility, hospital, ambulance, first aid provider any other medical care provider rendering care of my behalf. I hereby waive any action or claim against Navy MWR and its personnel, any health care facility or provider, or first aid provider for the release of this medical information, including my HIV or AIDS status.

#### RELEASE OF LIABILITY AND ASSUMPTION OF RISK

By my signature, below, I unconditionally release and hold harmless the Department of the Navy, Navy MWR (a nonappropriated fund instrumentality (NAFI)), and its employees against and for all liability, cost, expenses, claims, and damages for which the U.S. Navy or Navy MWR might otherwise become liable by reason of any accidents, or injuries to or death by any persons, or damage to property or both, in any manner arising or resulting from, caused by, connected with or related to the presence of any such person upon such property, facilities or premises, regardless of how, where, or when such injury, death or damage occurs even if caused by the negligence of Department of the Navy, Navy MWR (NAFI), its agents, servants, or employees, or due to conditions or operation on or defects in the premises. Further, my signature below also signifies that I have read this release and assumption of risk document and fully understand all its terms. I execute it voluntarily and with full knowledge of its significance.

**FULL NAME OF MWR PATRON/PARTICIPANT:**

*(Please Print)*

**FULL NAME OF PATRON'S/PARTICIPANT'S PARENT OR LEGAL GUARDIAN(S):**

*(Please Print)*

**SIGNATURE OF PATRON'S/PARTICIPANT'S PARENT OR LEGAL GUARDIAN(S):**

**DATE OF SIGNATURE:**

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