Single Marine Program
MCB Camp Lejeune – New River, NC

WAIVER OF LIABILITY/HOLD HARMLESS/EMERGENCY MEDICAL TREATMENT RELEASE

This agreement is a voluntary release of liability and hold harmless agreement.

I _____ hereby remise, release, and hold harmless the Federal Government of the United States, the Department of Defense, any of the US Armed Forces and their officers, agents, employees, servants, personnel, and contractors for any and all liabilities, claims, demands, suits, and actions whatsoever resulting from participation in a Camp Lejeune Single Marine Program event.

I agree never to institute, prosecute, or in any way aid in the institution or prosecution of any claim, demand, action, or cause of action for damages, costs, loss, injury, illness or death either to person or property which shall arise from my participation in a Single Marine Program event.

I also understand and agree that I may be held liable for any damage or loss to the United States Government that is caused by my own negligence, both passive and active, willful misconduct or fraud. I also understand and agree that I may be held liable for any damage or loss to any third party that is caused by my own negligence, gross negligence, willful misconduct or fraud.

I understand that this release applies to me, my parents, my spouse, children, guardian, my heirs, executors, administrators, creditors, and assigns.

MEDICAL TREATMENT

I acknowledge that the activities that I may participate in have risks. My participation in this activity is purely voluntary. I hereby authorize emergency medical treatment in the event of injury or illness. I also authorize trained healthcare providers, including; but not limited to, physicians, nurses, nurse practitioners, and hospital corpsmen, to administer routine and/or emergency medicines and treatments, as needed. I hereby release these healthcare providers from all liability for acts associated with providing me with emergency medical care. I also accept full responsibility for the cost of treatment for any injury.

I have carefully read and agree to the foregoing release, know the contents thereof, and sign this release as my own free act.

_____	_____	_____
(Print Name- First Last)	(Signature)	(Date)

SINGLE MARINE PROGRAM PARTICIPATION AUTHORIZATION

Privacy Act Statement
SORN NM01700-1
AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; 28 U.S.C. 6041 BUPERS Instruction 1710.11C, Operations of Morale, Welfare and Recreations Programs 2003; MCO P1700.27B, Marine Corps, Morale, Welfare and Recreation Policy Manual , Ch1; NAVSO P-3520, Fiinancial Management Policies and Procedures for Morale, Welfare and Recreation Programs; and E.O. 9397 (SSN). **PRINCIPLE PURPOSE**: To provide the administration of programs devoted to the mental and physical well-being of authorized patrons, to include: expenditure tracking, emergency contact information and activity level determination by sports facility personnel. **ROUTINE USES**: a. Provides emergency contact information when needed. b. Allows for the assessment of authorized patrons into appropriate level of activity to minimize the risk of injury and maximize client well being. c. Serves as the program record for all accounting functions. **DISCLOSURE**: Disclosure of personal information is voluntary. However, If requested information is not provided, participation in Single Marine Program activities or volunteer opportunities will not be approved.

NAME OF EVENT: _____

LOCATION OF EVENT: _____ EVENT DATE: _____ EVENT TIME: _____

PARTICIPANT'S NAME (Last, First): _____ RANK: _____

DATE OF BIRTH: _____ ☐ MALE ☐ FEMALE COMMAND: _____

WORK PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

COMMAND EMERGENCY POC: _____ COMMAND EMERGENCY PHONE: _____

MARITAL STATUS: Only single Service Members and geographical bachelors can participate in the Single Marine Program (SMP) trips and opportunities ☐ SINGLE ☐ GEOGRAPHICAL BACHELOR

MEDICAL INFORMATION

1. DO YOU HAVE ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF? ☐ YES ☐ NO
2. ARE YOU CURRENTLY TAKING ANY MEDICATION? ☐ YES ☐ NO
3. DO YOU HAVE ANY ALLERGIES? ☐ YES ☐ NO

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PLEASE EXPLAIN:

PARTICIPANT AGREEMENT

I am required to be a single Service Member or Geographical Bachelor in order to participate in the SMP trips and volunteer opportunities. I am required to take the transportation provided by the SMP to all the SMP trips. Most trips have a 72 hour cancellation policy for a full refund. (Some exclusions apply, see trip flier for complete details) Any participant who fails to show up for a trip or volunteer activity without notifying the SMP first, will result in a suspension of the right to attend future SMP trips and/or volunteer activities. I understand the completion of the form by my command does not guarantee event participation. I must complete the registration process with the SMP, which requires event registration, payment if applicable, and the submission of this form. I understand fully that while participating in this event, I am representing the United States Military and the Lejeune - New River SMP. I will conduct myself in such a way to honor both. I know I will be held to a high standard of the utmost ethical and moral behavior. I will be expected to act responsibly in a mature and dependable manner. I affirm that all information on this form is true and correct. I understand that any misleading or incorrect statements may result in the notification of my command's staff non-commissioned officer and/or sergeant major.

PARTICIPANT'S PRINTED NAME _____ PARTICIPANT'S SIGNATURE _____ DATE _____

STUDENT COMMAND PARTICIPATION AUTHORIZATION ONLY

(This portion is for student command use ONLY. Registration receipt serves as a confirmation that the registrant completed the registration process)

NAME (Last, First)(E-6 and above): _____ RANK: _____

COMMAND: _____ E-MAIL ADDRESS: _____

CELL PHONE: _____ DUTY PHONE: _____ WORK PHONE: _____

I authorize the above Service Member to participate in the SMP trip or volunteer opportunity and will hold them accountable for attending the event as it is their appointed place of duty. I will ensure that the Service Member shows up on the event or activity.

SEA Signature _____ DATE: _____

This document will lock after SEA Signature. Completed forms may be submitted in person to the SMP Headquarters (building 564), SMP Recreation Center Manager or e-mailed to lejeuneSMPvolunteerprogram@usmc-mccs.org and must be turned in prior to or at the time of registration and payment. This form does not guarantee or reserve a space until registration and payment (if applicable) are complete. Spaces are limited for all SMP activities.

CANCELLATION POLICY

The cancellation and refund policy are required to cover the direct cost of canceling your registration. Partial or pro-rated refunds are not available after the deadline unless it is a DoD mission requirement*.
*For DoD mission requirement cancellation contact (910) 451-1767.
in the event that MCCS, SMP must cancel a trip, all trip members will receive a full refund. Notification will be made by text or call to the cell phone number provided on the SMP Program Participation Authorization form.
SMP reserves the right to cancel the trip for any reason; including insufficient participation and inclement weather conditions (snow, ice, hurricanes, etc.) which are judged severe enough to prohibit the safe operation of vans/buses for the transportation of participants. The SMP will issue full refunds in these instances.
SMP is not responsible for road conditions or closures that might prevent participants from arriving to the destination on time.

Personal belongings: SMP does not assume responsibility for loss or damage to any personal possessions.
Medical concerns: For the protection of all SMP Trip participants, any participant should stay at home if they show any of the following symptoms: A temperature of over 99 F; intestinal disturbance accompanied by diarrhea or vomiting; any undiagnosed rash; sore or discharging eyes or ears; profuse nasal discharge; or if you have been exposed to any contagious disease.

BY INNITIALING THIS BOX I ACKNOWLEDGE AND AGREE TO THE TERMS LISTED ABOVE.

LODGING REQUESTS

(Only applicable for overnight trips. All requests will be considered, but there are no guarantees)

Do you have a roommate request? Yes ☐ No ☐ If yes, please list their name(s):_____

Do you need to speak with an SMP representative for special travel & lodging accommodations? Yes ☐ No ☐