

**Camp Roberts Liability Release And Hold Harmless Agreement**

In consideration for permission to enter upon and to utilize any facilities of Camp Roberts, I agree for myself, my heirs, assigns, executors, administrators, and personal representatives to assume all risk of injury to myself or damage to my property as a result of my being on and/or using the facilities of Camp Roberts. I further waive any right I may otherwise have to sue Camp Roberts, the California Military Department, the State of California, and the United States for any claims of any kind whatsoever, including injuries, illness (including death), or losses of any kind whatsoever (including economic loss) which may result from my access to Camp Roberts, or the use of any facilities thereon, including negligence on the part of these entities and/or their agents or employees.

I further hereby agree to release and hold harmless Camp Roberts, the California Military Department, the State of California, and the United States, and their officers, employees, agents and representatives from any and all claims, loss or damage of any nature whatsoever, including costs and attorneys fees, which I may incur as a result of my being allowed entry on the facility. If Camp Roberts, the California Military Department, the State of California, or the United States incurs any claims, loss or damages as a result of my acts while on the facility, I agree to reimburse and pay any such amounts.

**I understand and acknowledge that Camp Roberts is a Military Facility, and as such I have no right to enter thereon, and that my permission to enter thereon would not be granted in the absence of this release and indemnity agreement.**

\*\*\*PLEASE PRINT\*\*\*

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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

**I have carefully read this document, and understand and agree to its contents. I also understand that I may have this agreement reviewed by an attorney if I so choose, and have either done so or elected not to seek such advice. I understand that if any portion is unenforceable, I agree to be bound by the remaining terms. If I am signing this as a Parent/Guardian, I understand that I am also responsible for the obligations and acts of the participant described in this document.**

SIGNATURE: \_\_\_\_\_

**Signature of Parent/Guardian (person entering Camp Roberts is under 18).**

SIGNATURE: \_\_\_\_\_