

DATE: December 22, 2016  
TO: Wisconsin Youth Leadership Candidates  
FROM: Joe Konrath - Wisconsin Chapter YLP Coordinator

Thank you for your interest in attending the 2017 Youth Leadership Program sponsored by the FBI National Academy, the FBI National Academy Associates, and the FBI National Academy Associates-Wisconsin Chapter.

My name is Joe Konrath, and I serve as the Youth Leadership Coordinator for the Wisconsin Chapter. Please read all of the information carefully and if you have any questions, please feel free to contact me at (608) 297-2115 or by email at [jkonrath@co.marquette.wi.us](mailto:jkonrath@co.marquette.wi.us).

Please pay attention to the details of the application process, specifically the deadline date of **FEBRUARY 13<sup>th</sup>, 2017**, to have the application packet returned to me. This packet must be sent to me through U.S. Mail or other carrier; it cannot be sent electronically as I will need the original forms. This should be sent to:

Chief Deputy Joseph R. Konrath  
Marquette County Sheriff's Office  
67 W. Park St. P.O. Box 630  
Montello, WI 53949

- STEP 1: Read Form 1 for program information. There are no exceptions to the age or G.P.A limitations. If you do not meet them, please do not apply.
- STEP 2: Complete the application on Form 3 (two pages) and include a recent photo of yourself: While the application is somewhat general, please keep in mind that your materials will be scored. Two areas that are looked at and which need to be specific are your (1) Community Involvement – groups you belong to, activities you participate in outside of school. This may be things like church groups, 4H, choirs, etc. Separately, detail your (2) Extra-Curricular activities – things that are associated with your school, such as band, sports or debate teams, etc. (You may add additional pages as necessary)
- STEP 3: Complete the essay on Form 5 (use additional pages if necessary)
- STEP 4: Complete the Medical Information/Release Form (Form 4). Have your physician review the 2015 sample schedule (2017 is not published yet) before signing this release form. You must be physically and medically fit to meet program activities. The activities will be the same as the previous year. I ask that this be submitted with the application packet instead of waiting to determine if selected. This will insure the deadlines are met knowing that getting a Physician appointment on short notice can be challenging. (Note: for the applicants not selected, all this material is shredded to protect your privacy).
- STEP 5: Complete the Marine Corp. Base Liability Release (two pages)
- STEP 6: Obtain a letter from your school (on school letterhead) stating your overall Grade Point Average; you must have a minimum of a 3.0 GPA on a 4.0 scale. If your school uses something other than a 4.0 scale, they must interpolate the data into a 4.0 scale. Normally a guidance counselor can do this. Home school students must also submit the required information on GPA. No transcripts please.

STEP 7: A letter from your FBINAA sponsor should be submitted, specifically listing their session number, year attended, Wisconsin Chapter events attended, and if they attended any National Conferences.

STEP 8: Mail this complete packet to me by: FEBRUARY 13<sup>th</sup>, 2017

# FBI NATIONAL ACADEMY ASSOCIATES

## 2017 Youth Leadership Program

### Candidate Information

The FBI National Academy Associates, Inc. (FBINAA), an organization comprised of law enforcement professionals who are graduates of the FBI National Academy, Quantico, Virginia, is offering to qualified Students (AGES 14 –16) who have demonstrated above average academic standards (3.0 or higher on a 4.0 scale), as well as good citizenship, the opportunity to participate in an eight day program of leadership development at the FBI Academy.

This exciting program is offered through the cooperation of the FBI and DEA, and individual participants are selected and sponsored by the various state chapters of the FBINAA, who will pay transportation and student sponsorship fees. This year, participants will also be included from our sister organizations, including LEEDA, NEIA, and the Society of Former Special Agents of the FBI. Further, the counselors and instructional staff for the program consist of National Academy graduates who are members of the FBINAA and select FBI Special Agent personnel. Guest lecturers in various professional disciplines also address the students.

Although the program is not limited to young persons interested in a future career in law enforcement, interested candidates should possess a desire to gain knowledge of the American system of criminal justice, as well as ethics, leadership skills and personal development.

This year's session of the Youth Leadership Program begins **June 22, 2017** with arrival at Reagan National Airport in Washington, D.C., and will conclude on **June 30, 2017** with departure from Reagan National Airport in Washington, D.C.

The program is open to males and females. Qualified young people are encouraged to complete the application, including the necessary signatures, and to submit the forms to the designated FBINAA Chapter Youth Leadership Program Representative by the due date of **February 13<sup>th</sup>, 2017**. The Chapter must make selection and submission of all required material to the FBINAA Executive Office by **APRIL 14, 2017**.

Application forms are available thru the FBINAA Wisconsin Chapter website, <http://wifbinaa.org/> or by contacting the FBINAA Wisconsin Chapter Youth Leadership Program Coordinator, Chief Deputy Joseph R. Konrath [jkonrath@co.marquette.wi.us](mailto:jkonrath@co.marquette.wi.us) . Once all applications are received, an interview date will be scheduled.

Please indicate which potential interview dates you would be able to attend by circling all the available dates. Once all applicants have indicated their available dates, a common one will be chosen and set. Only one interview date is done.

SATURDAY, FEBRUARY 25<sup>th</sup>, 2017

SATURDAY, MARCH 4<sup>TH</sup>, 2017

SATURDAY, MARCH 11<sup>TH</sup>, 2017

SATURDAY, MARCH 18<sup>th</sup>, 2017

SATURDAY, MARCH 25<sup>TH</sup>, 2017

**PLEASE RETURN THIS SHEET WITH YOUR APPLICATION PACKET.**

# FBI NATIONAL ACADEMY ASSOCIATES

## 2017 YOUTH LEADERSHIP PROGRAM

### APPLICATION

#### APPLICANT

Name: \_\_\_\_\_ (M/F) \_\_\_\_\_ Age \_\_\_\_\_ (DOB) \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Area Code (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Employment: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

#### PARENT OR LEGAL GUARDIAN

Name(s) of Parent(s) or Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: Area Code (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Please list any Sports, School Clubs/Activities/Offices, Hobbies, and Special Interests/Talents


What do you expect to gain from attending the Youth Leadership Program?


Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

ATTACH RECENT PHOTO HERE

**This MUST be completed by candidate:**

Candidate's Sponsor: \_\_\_\_\_ Session: \_\_\_\_\_ Member #: \_\_\_\_\_

**PARENTAL CONSENT**

I UNDERSTAND MY SON/DAUGHTER WILL BE ATTENDING THE YOUTH LEADERSHIP PROGRAM AND EXCEPT WHILE TRAVELING ON A COMMERCIAL AIRLINE OR CONVEYANCE, WILL BE UNDER THE CONSTANT SUPERVISION OF A MEMBER OF THE FBINAA, Inc. WITH THIS UNDERSTANDING I APPROVE OF HIS/HER PARTICIPATION IN THIS PROGRAM. I FURTHER CERTIFY THAT HE/SHE IS MEDICALLY AND PHYSICALLY FIT TO PARTICIPATE IN ALL PROGRAM REQUIREMENTS. I UNDERSTAND THAT SHOULD MY SON/DAUGHTER LEAVE THE PROGRAM PRIOR TO COMPLETION I AM RESPONSIBLE FOR COSTS INCURRED BY THE SPONSORING FBINAA CHAPTER AT THEIR DISCRETION.

Parental/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Emergency Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (FOR IMMEDIATE RESPONSE)

Emergency Contact Name: \_\_\_\_\_

List any physical limitations or medical problems of the son/daughter that staff must be aware of:


**A Medical Release Form (YLP Form 04) will be required prior to acceptance to the program.**

**To be completed by Sponsoring FBINAA, Inc. Chapter**

Return Completed Application to:

President: \_\_\_\_\_

FBINAA Chapter: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**FBINAA Chapter Submission Deadline: April 14, 2017**  
**Applications received after this date will not be accepted.**

# FBI NATIONAL ACADEMY ASSOCIATES

## 2017 YOUTH LEADERSHIP PROGRAM

### MEDICAL INFORMATION/RELEASE FORM

#### Required Information

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_  
FBINAA Sponsoring Chapter \_\_\_\_\_

#### (PLEASE ANSWER ALL QUESTIONS. IF NOT APPLICABLE INDICATE AS SUCH.)

List any impairment: mobility, sight, hearing or speech etc. If so would any special assistance be required?  
\_\_\_\_\_

List any medical problems emergency personnel should be aware of and **any medications** the student is presently taking:  
\_\_\_\_\_

List all allergies:  
\_\_\_\_\_

In the event that he/she should be unable to communicate with medical personnel, list specific information they would need to know about medical history and ailments:  
\_\_\_\_\_  
\_\_\_\_\_

#### **EMERGENCY NOTIFICATIONS**

In case of emergency, please notify the following:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

In the event of any sudden illness or medical emergency occurring to my son/daughter, by my signature I expressly grant the FBI/FBINAA full authority to 1) release the above medical information to emergency or medical personnel and 2) perform any necessary medical emergency treatment to my son/daughter after reasonably diligent efforts to notify me have failed. **I will personally fill out the "File of Life" packet and I will instruct my son/daughter to carry it at all times while traveling to, from and at the program.**

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_, to-wit:

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2016,

By \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires:

#### **PHYSICIAN CERTIFICATION**

I have read the Youth Leadership program syllabus and activity requirements. I have examined \_\_\_\_\_ and certify that he/she is physically fit to meet **ALL** of the activities including the 4.25 mile USMC Endurance/Stamina Course (Yellow Brick Road).

Physician Signature \_\_\_\_\_ DEA/ID # \_\_\_\_\_

Physicians Name \_\_\_\_\_ Phone \_\_\_\_\_

**\*Return this form with the Registration Packet \***

# **FBI NATIONAL ACADEMY ASSOCIATES**

## **2017 YOUTH LEADERSHIP PROGRAM**

**ESSAY – “What is Leadership”**

(Use other side if necessary)

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_



**Day 1**  
**Saturday, June 13, 2015**

<b>Time</b>	<b>Activity</b>	<b>Instructor</b>	<b>Location</b>	<b>Dress</b>
10:00 AM - 4:30 PM	Student Pick-up	ALL	Reagan Airport	YLP Uniform for Instructors
5:00 pm	Depart Reagan Airport to Academy	ALL	Reagan Airport	
6:00 PM -	Arrive at DEA Dormitory Check-in & Drop luggage	ALL	Dormitory	
6:30 PM - 7:00 PM	Dinner	ALL	Cafeteria	
7:00 PM - 8:30 PM	Group Assignments & Orientation	ALL	Cafeteria	
8:30 PM - 9:00 PM	Counselor Groups	ALL	TBD	
9:00 PM - 9:30 PM	Un-Pack and Set up Rooms		Dormitory	
9:30 PM	Lights Out			



SAMPLE

## Day 2 Sunday, June 14, 2015

<b>Time</b>	<b>Activity</b>	<b>Instructor</b>	<b>Location</b>	<b>Dress</b>
5:30 AM - 7:00 AM	Wake-up/PT	ALL	Outside	Gym Clothing
7:00 AM - 8:00 AM	Breakfast	ALL	Cafeteria	YLP Uniform
8:00 AM – 8:45 AM	Briefing	ALL	Classroom	YLP Uniform
8:45 AM – 9:00 AM	Greeting by Mr. Cappetta	ALL	Classroom	YLP Uniform
9:00 AM – 12:00 PM	Law Enforcement Organizations	Mr. Foster	Classroom	YLP Uniform
12:00 PM - 1:00 PM	Lunch		Cafeteria	YLP Uniform
1:00 PM - 3:00 PM	Leadership	Mr. Pauly	Classroom	YLP Uniform
3:00 PM - 5: 00 PM	Speech, Etiquette & Dress for Leaders	Ms. Tyler	Classroom	YLP Uniform
5:00 PM - 6:00 PM	Dinner		Cafeteria	YLP Uniform
6:00 PM - 7:00 PM	Mr. Nielsen's Story	Mr. Nielsen	Classroom	YLP Uniform
7:00 PM - 8:30 PM	Counselor/Book Group	ALL	TBD	YLP Uniform
8:30 PM - 9:30 PM	Laundry/Study/Social Time		Dorm	
9:30PM	Lights Out			



## Day 3 Monday, June 15, 2015

<b>Time</b>	<b>Activity</b>	<b>Instructor</b>	<b>Location</b>	<b>Dress</b>
5:30 AM - 7:00 AM	Wake-up/PT	ALL	Outside	Gym Clothing
7:00 AM - 8:00 AM	Breakfast		Cafeteria	YLP Uniform
8:00 AM - 10:00 AM	Juvenile Violence	Ms Baldwin	Classroom	YLP Uniform
10:00 AM - 12:00 P	Leadership and Organization	Ms. Harris	Classroom	YLP Uniform
12:00 PM - 1:00 PM	Lunch		Cafeteria	YLP Uniform
1:00 PM - 3:00 PM	Leadership and Organization	Ms. Harris	Classroom	YLP Uniform
3:00 PM - 5:00 PM	Goal Setting	Ms Marchese	Classroom	YLP Uniform
5:00 PM - 6:00 PM	Dinner		Cafeteria	YLP Uniform
6:00 PM - 7:00 PM	Counselor/Book Groups	ALL	TBD	YLP Uniform
7:00 PM – 8:30 PM	Sports Activities	ALL	Outdoors	Gym Clothing
8:30 PM - 9:30 PM	Laundry/Study/Social Time			
9:30 PM	Lights Out			



**Day 4**  
**Tuesday, June 16, 2015**

<b>Time</b>	<b>Activity</b>	<b>Instructor</b>	<b>Location</b>	<b>Dress</b>
5:30 AM	Wake-up	ALL		
6:00 AM – 6:30 AM	Breakfast	ALL	Cafeteria	YLP B Uniform
6:30 AM	Depart for Washington D.C.	ALL	DEA Lower Lot	YLPB Uniform
7:30 AM - 11:00 AM	Tours	ALL	D.C.	YLP B Uniform
11:00 AM - 12:00 P	Lunch	ALL	D.C.	YLP B Uniform
12:30 PM – 5:45 PM	Tours	ALL	D.C.	YLP B Uniform
5:45 PM – 8:00 PM	Sunset Parade	ALL	Iwo Jima Memorial	YLP B Uniform
8:30 PM -9:30 PM	Return To Academy	ALL		
9:30 PM	Lights Out			



## Day 5 Wednesday, June 17, 2015

Time	Activity	Instructor	Location	Dress
5:30 AM - 7: 00 AM	Wake-up/PT	ALL	Outside	Gym Clothing
7:00 AM - 8: 00 AM	Breakfast	ALL	Cafeteria	YLP Uniform
8:00 AM – 8:30 AM	Debrief of the DC Trip	ALL	Classroom	YLP Uniform
8:30 AM – 10:30 PM	Accountability and Responsibility	Mr. Pauly	Classroom	YLP Uniform
10:30 AM - 12:00 P	Character Does Matter “If not me, then who?”	Robert Bender	Classroom	YLP Uniform
12:00 PM - 1:00 PM	Lunch		Cafeteria	YLP Uniform
1:00 PM - 3:00 PM	Ethics, The Essential Leadership Tool	Mr. Rooney	Classroom	YLP Uniform
3:00 PM - 5:00 PM	Time Management	Ms. Tyler	Classroom	YLP Uniform
5:00 PM - 6: 00 PM	Dinner		Cafeteria	YLP Uniform
6:00 PM - 7:00 PM	Counselor/Book Groups	ALL	TBD	YLP Uniform
7:00 PM – 8:30 PM	Sports Activity	ALL	Outdoors	Gym Clothing
8:30 PM - 9:30 PM	Laundry/Social Time		DEA Dorm	
9:30 PM	Lights Out			



**Day 6**  
**Thursday, June 18, 2015**

<b>Time</b>	<b>Activity</b>	<b>Instructor</b>	<b>Location</b>	<b>Dress</b>
5:30 AM - 7:00 AM	Wake-up/PT	ALL	Outside	Gym Clothing
7:00 AM - 8:00 AM	Breakfast	ALL	Cafeteria	YLP Uniform
8:00 AM – 10:00 AM	Social Media and Internet Survival	Ms Marchese	Classroom	YLP Uniform
10:00 AM - 12:00 P	Constitutional Law	Mr. Nielsen	Classroom	YLP Uniform
12:00 PM - 1:00 PM	Lunch		Cafeteria	YLP Uniform
1:00 PM - 3:00 PM	FBI Lab Presentation	FBI Staff	Classroom	YLP Uniform
3:00 PM - 5:00 PM	Introduction to Adaptability	Dan Mehdi	Classroom	YLP Uniform
5:00 PM - 6:00 PM	Dinner		Cafeteria	YLP Uniform
6:00 PM - 7:00 PM	Speech/Vocal Selections	ALL	Classroom	YLP Uniform
7:00 PM – 8:00 PM	Counselor/Book Groups	ALL	TBD	YLP Uniform
8:00 PM - 9:00 PM	Yellow Brick Road Brief	ALL	Classroom	YLP Uniform
9:00 PM - 9:30 PM	Laundry/Social Time		Dorm	
9:30 PM	Lights Out			



## Day 7 Friday, June 19, 2015

<b>Time</b>	<b>Activity</b>	<b>Instructor</b>	<b>Location</b>	<b>Dress</b>
5:30 AM	Wake-up	ALL		Gym Clothing
6:00 AM - 8:00 AM	Yellow Brick Road	ALL	YBR Course	Gym Clothing
8:00 AM - 8:30 AM	Shower and Dress	ALL	Dorm	YLP Uniform
8:30 AM – 9:00 AM	Lite-Breakfast		Cafeteria	YLP Uniform
9:00 AM – 10:00 AM	Resume Writing	Ms Baldwin	<b>FBI Classroom</b>	YLP Uniform
10:00 AM - 12:00 P	Financial Responsibility	Ms Kinney	<b>FBI Classroom</b>	YLP Uniform
12:00 PM - 1:00 PM	Lunch		<b>FBI Cafeteria</b>	YLP Uniform
1:00 PM - 2:00 PM	Graduation Rehearsal		<b>FBI Forum</b>	YLP Uniform
2:00 PM - 5:00 PM	Book Reports	ALL	<b>FBI Classroom</b>	YLP Uniform
5:00 PM - 6:00 PM	Dinner		<b>DEA Cafeteria</b>	YLP Uniform
6:00 PM – 7:00 PM	Final Exam	ALL	<b>DEA Classroom</b>	YLP Uniform
7:00 PM – 8:00PM	Program Debrief	ALL	<b>DEA Classroom</b>	YLP Uniform
8:00 PM - 9:30 PM	Laundry/ Study/Packing	ALL	Dorm	YLP Uniform
9:30 PM	Lights Out			



**Day 8**  
**Saturday, June 20, 2015**

<b>Time</b>	<b>Activity</b>	<b>Instructor</b>	<b>Location</b>	<b>Dress</b>
5:30 AM - 7:30 AM	Wake-up/Breakfast		Cafeteria	Business Attire
8:00 AM - 8:30 AM	Class Photograph	ALL	FBI Forum	Business Attire
8:00 AM - 9:00 AM	Families Gather	ALL	Hall of Honor	Business Attire
9:00 AM - 11:00 AM	GRADUATION	ALL	FBI Forum	Business Attire
11:00 AM	Release to Parents/ Change/Load Bus	ALL		
11:30 AM	Depart to Airport	ALL		
4:00 PM	Return from Airports	ALL		



SAMPLE



**WAIVER OF LIABILITY**  
**FOR MINORS UNDER THE AGE OF 18**  
**TRAINING aboard**  
**MARINE CORPS BASE, QUANTICO, VIRGINIA**

We hereby request that our child, \_\_\_\_\_ be permitted to take part in the [name of organization] \_\_\_\_\_, hereinafter the "Organization", sponsored activity to be held on Marine Corps Base (MCB), Quantico, Virginia. I understand that participation in this activity will involve access to Marine Corps training areas. I understand the following **four** cautions with regard to these MCB Quantico ranges and training areas: **first**, all such ranges and training areas are designed for and used by the Marine Corps for training its personnel in the deadly art of individual and unit combat; **second**, these ranges and training areas have been subject to countless live fire exercises and may well contain a variety of unexploded ordnance which, if triggered by or during my child's presence on the ranges/training areas, could result in serious bodily injury or death to my child; **third**, these ranges and training areas contain manmade or natural obstacles, some of which may be hidden, which could cause my child to stumble, fall, and otherwise suffer serious bodily injury or death; **fourth**, range and training area conditions are often aggravated by the weather such that extreme heat, humidity, cold, wind, or wet will increase the likelihood of physical danger and my child's exposure to serious bodily injury, sickness, accident or death. **Finally**, I understand that the activities may involve use of live ammunition and weapons by both instructors and students who have varying levels of proficiency in the use of weapons and tactics. **I further understand** that this activity may cause injuries associated with physical fitness training like muscle sprains or strains, tendon pulls, dislocation of joints, broken bones, and injuries accompanying physical contact with other participants, in addition to the inherent dangers associated with environmental conditions. **Observation of and/or participation in this activity are inherently dangerous and could result in property damage as well as serious bodily injury or death to my child and to others.**

Nonetheless, and in spite of my full knowledge of the risks involved in the Organization Sponsored Activity, I EXPRESSLY AND KNOWINGLY, FREELY AND VOLUNTARILY, ACCEPT AND ASSUME ALL RISKS INVOLVED IN AND ASSOCIATED WITH ALL ASPECTS OF THE ORGANIZATION SPONSORED ACTIVITY. I EXPRESSLY AND KNOWINGLY FREELY AND VOLUNTARILY WAIVE ANY AND ALL RIGHTS I/MY CHILD MAY HAVE TO RECOVER FOR ANY INJURY MY CHILD SUSTAINS, OR FOR THE DEATH OF MY CHILD, AND I AGREE TO HOLD HARMLESS THE UNITED STATES GOVERNMENT, THE DEPARTMENT OF DEFENSE, THE DEPARTMENT OF THE NAVY, THE UNITED STATES MARINE CORPS, THE MARINE CORPS COMBAT DEVELOPMENT COMMAND, AND MARINE CORPS BASE QUANTICO.

Therefore, in consideration of the privilege to participate in the Organization sponsored activity, to be held aboard MCB Quantico, I, the undersigned person, do hereby freely and voluntarily, and intending to be legally bound, accept all risks associated with the Organization activity, or any use I may make of MCB Quantico, or government equipment or facilities in furtherance of my child's participation in the Organization sponsored activity, and waive any and all rights to any claims or demands or any other actions whatsoever, including those attributable to negligence, for damages, due to accident, injury, or death, resulting from my child's participation in the Organization sponsored activity for myself, my spouse, my parents or guardians, my heirs, executors, administrators, or legal representatives of my estate, or anyone else on my behalf, which I may have against any of the following: the United States of America, the Department of Defense, the Department of the Navy, the United States Marine Corps, Marine Corps Combat Development

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date

**WAIVER OF LIABILITY**  
**FOR MINORS UNDER THE AGE OF 18**  
**TRAINING *aboard***  
**MARINE CORPS BASE, QUANTICO, VIRGINIA**

Command, Marine Corps Base Quantico, or any and all individuals assigned to or employed by the United States, to include but be not limited to, the Secretary of the Navy, the Commandant of the Marine Corps, the Commanding General of the Marine Corps Combat Development Command, or the Commander of Marine Corps Base Quantico, in their official and personal capacities, or any medical personnel assigned thereto, or their representatives, successor, or assigns. I understand that the above language means I have abandoned any rights I may have, or any rights anyone associated with me may have, through legal or friendship or family ties, to sue the federal government for any injury my child may sustain because of participation in or attendance at the Organization sponsored activity that results in any damage whatsoever to my/my child's property or in the event of my child's death. By signing this document, I acknowledge that the federal government, or any agency or employee thereof, is not liable for any injury my child may sustain, to include death, as a result of my child's participation in the Organization sponsored activity. By signing this document, I effectively and completely assume all risk associated with the Organization sponsored activity. This document shall remain in effect and be held until notice of cancellation is received by the Commander, Marine Corps Base Quantico.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT, THAT I AM FULLY AWARE OF THE RISKS INVOLVED IN THIS ACTIVITY, AND THAT I VOLUNTARILY ACCEPT AND ASSUME THE RISKS ASSOCIATED WITH SUCH ACTIVITY.**

Lastly, I understand that should I decline to execute this Waiver of Liability, my child will not be permitted to participate in the Organization sponsored activity to be held aboard MCB Quantico.

---

**Printed Name** of Mother/Father/Legal Guardian (circle one)

---

**Signature** of Parent/Legal Guardian

Date

On behalf of:

---

**Printed Name** of Minor Child

Date

---

Emergency Point of Contact

Phone Number

Health Insurance Coverage. Please **initial** the appropriate box:

**No, I do not** have health insurance

**Yes, I do** have health insurance (continue below)

---

Name of Insurance Provider

Policy #