

COVENANT NOT TO SUE
Statement Required by Privacy Act of 1974

1. Authority: Title 10, US Code 2102
2. Principle Purpose(s): To release the U.S. Government – US Army JROTC, the Host School – Broward County, Broward School District, and the 6th ROTC Brigade from liability for injury, death, or damages for JROTC cadets participating in voluntary off-campus training programs.
3. Routine Uses: Normal personnel actions. Disclosure of information may be provided to proper authorities in actions regarding law enforcement, legal actions as a result of injury or death, investigations of accidents resulting from such voluntary off-campus training.
4. Mandatory or voluntary disclosure and effect on individual not providing information: Disclosure is voluntary. Failure of the individual to complete this form will disqualify the JROTC cadet from participating in specific voluntary off-campus training.

I, _____, residing at _____
(Type or Print Full Name) (Street Address)

_____, (_____) _____
(City, State, Zip) (Area Code – Phone#)

do hereby agree that in consideration for being allowed to participate in the Broward County Raider Meet conducted by the Broward County JROTC, and whereas I am doing so entirely on my own initiative, risk and responsibility; and being fully aware of the risks adhering to this type of training, I hereby **RELEASE AND DISCHARGE FOREVER**, the United States Army, the State of Florida, Broward County Public Schools - Broward County and the Broward County JROTC Department and all of its officers, agents, and employees, acting officially or otherwise, from any and all claims, demands, actions, or cause of action, on account of myself or on account of any injury to me which may occur from any cause during said activity or continuances there of; and I do further covenant and agree to hold the said Government of the United States –U. S. Army JROTC, the State of Florida, and Broward County Public Schools – Broward County, and the Broward County JROTC Department and its officers, agents, and employees blameless for any and all damage which I may cause either intentionally or through my negligence.

(Signature of Parent/Guardian)

(Signature of Cadet Participating)

(Type/Print Name of Parent/Guardian)

(Type/Print Name of Cadet)

(Relationship to Cadet)

(Age/Period Covered)

(Date of Signature)

(Witness)

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That I, _____,
(NAME: First, MI, Last)
legal resident of _____ and residing at _____
(City & State) (Street Address)

Have made, constituted and appointed and by these presents do make, constitute and appoint

__CW4 Gonzalez and SGM Cruz__, whose present address is __18600 Vista Park BLVD, Weston, FL 33332.

My true and lawful attorney to act as follows. GIVING and GRANTING unto my said attorney full power to authorize medical treatment or examination of my dependent minor child _____. Any act or thing lawfully done hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney shall be binding on me and my heirs, legal and personal representatives, and assigns.

PROVIDED, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "attorney-in-fact."

FURTHER, unless sooner revoked or terminated by me, this special Power of Attorney shall become NULL and VOID from and after date _____. IN WITNESS WHEREFORE, I

have hereunto set my hand and seal this _____ day of _____, 20__.

SIGNATURE OF: _____
(Parent or Legal Guardian)

PRINTED NAME: _____
(Parent or Legal Guardian)

ACKNOWLEDGEMENT

I, _____, do hereby certify that I am a duly commissioned, qualified, and authorized notary public in and for the _____; that _____ grantor, in the foregoing Power of Attorney hereto annexed, who is personally well known to me as the person who executing Power of Attorney, appeared before this day within the territorial limits of my authority, being first duly sworn, acknowledged that he executed said instrument after the contents thereof had been read and duly explained to him, and that such execution was his free and voluntary act and deed for the uses and purposes therein set forth. IN WITNESS WHEREOF, I have hereto set my hand affixed my official seal this _____ Day of _____, 20__.

My Commission Expires: _____
Notary Public: