RELEASE OF LIABILITY

Data Required by the Privacy Act of 1974

Prescribing Directive: 10 USC 2733, 28 USC 2671-2680, AR 27-20

Signature

Authority: Title 10, USC 3012. Principal Purposes: To release the United States Government, Department of the Army, XVIII Airborne Corps, Fort Bragg, and the agents and employees thereof from any and all liability arising from or incident to traveling on a United States Government owned vehicle.

owned vehicle. Mandatory or Voluntary Disclosure and Effect on Individual Not Providing Information: Voluntary; however, if information is not provided, use of the vehicle may be denied. *********************************** In consideration of the permission extended to me by the United States, through its agents, for me, , to travel on a United States Government owned vehicle. I agree to release and hold harmless the United States Government, the United States Army, Fort Bragg and the agents and employees thereof from any and all liability for personal injury, death, property damage or loss, or any other loss resulting from or arising out of riding in or driving the vehicle. I certify that I will abide by all safety rules and the direction of Fort Bragg personnel. I further acknowledge that failure to abide by all safety rules and the direction of Fort Bragg personnel may result in me being disqualified from riding in or driving the vehicle. I also agree to release the United States and the United States Army from any and all liabilities, claims, and causes of action, based on or arising from negligence on the part of the United States Army, Fort Bragg, and its agents and employees. I acknowledge that I have read and understand the provisions of this release and understand that it is binding upon myself and my assigns, heirs, executors, beneficiaries, family members, and derivative claimants. I further acknowledge that I have no medical history or condition that would preclude me from riding in or driving the vehicle. Date Printed Name of Parent or Guardian if Minor Printed Name

Signature of Parent or Guardian if Minor