



USNSCC/USNLCC  
CG Group Portland Division

## Medical Waiver/Release of Claim

As of today, (date) \_\_\_\_\_ I do hereby, for myself and my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages I may have or which may hereafter occur against:

**Navy League of the United States  
CG Group Portland Division  
United States Coast Guard**

Their agents, officers, representatives, successors and/or assigns for any and all damages which may be sustained by me in connection with or arising out of my traveling to, participating in and returning from all activities.

Also, as parents or legal guardian of \_\_\_\_\_,  
I authorize any certified team or certified official to seek out medical treatment in case of injury. Any certified medical person/persons have my release to initiate what they deem to be proper treatment.

Participant signature \_\_\_\_\_

Participant printed name: \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Parent/Guardian printed name: \_\_\_\_\_

Witness (print & sign) \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_