



Waiver for Trial Drills CG Group Portland Division

I understand and acknowledge that pending the receipt of my child/ward's NSCC/NLCC ID card from NSCC Headquarters, my child/ward is not 'formally enrolled' in the NSCC/NLCC, and therefore is not covered under the NSCC's Accident Insurance policy.

Prior to 'formal enrollment,' I acknowledge full responsibility for the costs of any injuries sustained while my child/ward is participating in NSCC/NLCC activities.

I understand and acknowledge that if my child does not have health insurance coverage, the NSCC can not and will not make payments for medical treatment required for injuries that are sustained prior to 'formal enrollment' while spending time with the CG Group Portland Division during unit activities. I understand the NSCC insurance coverage is only supplemental coverage for possible use after all personal insurance coverages have been exhausted.

I hereby allow my child/ward, _____ to participate in CG Group Portland Division activities.

Parent/Guardian: printed name: _____

Parent/Guardian: signature: _____

Date: _____