

**2024 JOINT CADET LEADERSHIP COURSE (JCLC)**

**PARENTAL CONSENT FORM**

**Release, Indemnity and Assumption of Risk**

***Note to Instructors: This form must be turned into JCLC at time of in-processing***

Cadet Training Instructor (CTI) /Administrative Assistant (AA):

Name: \_\_\_\_\_  
(LAST NAME, FIRST NAME)

High School: \_\_\_\_\_

JROTC Unit Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

\_\_\_\_\_ (**print CTI/AA name**) has my permission to attend the Junior Reserve Officer Training Corps (JROTC) Joint Cadet Leadership Course (JCLC) at Hardin-Simmons University, Abilene, Texas from 1-8 June 2024. The purpose of this JCLC is to introduce the cadet to basic leadership skills and exercises, physical fitness skills, marching and community service. I agree to assume the risk that unexpected events may occur and result in harm, injury, death or illness to my child or damage to my property or child's property while my child is participating in or observing this JCLC or traveling to or from the JCLC.

I agree, on my behalf and on behalf of my child to indemnify Air Force JROTC, San Angelo Independent School District, Hardin-Simmons University, and each of their employees, members, agents, affiliates, successors and assigns (collectively, the "Indemnified Parties") and not to sue the Indemnified Parties for any harm, injury, death or illness, to my child or damage to my property or my child's property associated with my child's participation in, observation of, or travel to or from the JCLC. I understand my child's participation in the JCLC is voluntary. I attest my child is physically and mentally capable to participate in the JCLC.

I consent to the provision of emergency medical treatment for my child to the extent the treatment is necessary in the medical opinion of the medical provider rendering the treatment.

By signing below, I grant permission from my child to participate in the JCLC described above. This Release, Indemnity and Assumption of Risk statement covers all events associated with the JCLC. If I have any concerns about my child's ability to participate, I agree to discuss my concerns with my child's instructor or, if appropriate, with my child's physician before signing this form.

CTI/AA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

The information herein is For Official Use Only (FOUO) information which must be protected under the Freedom of Information Act (5 U.S.C. § 522) and/or the Privacy Act of 1974 (5 U.S.C., §552a), as amended. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties.