

**RELEASE OF LIABILITY**  
Data Required by the Privacy Act of 1974

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

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 participation in the ACS Birthday Chili Cookoff.

Mandatory or Voluntary Disclosure and Effect on Individual Not Providing Information: Voluntary; however, if information is not provided, participation in the ACS Birthday Chili Cookoff may be denied.

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In consideration of the permission extended to me by the United States, through its agents, to participate in the ACS Birthday Chili Cookoff, I \_\_\_\_\_ (print name) agree to release and hold harmless in the United States Government, the Department of Defense, 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 my participation in the ACS Birthday Chili Cookoff on Fort Bragg, North Carolina.

Participation in the ACS Birthday Chili Cookoff may include, but is not limited to the risk of death or serious injury such as cuts, burns, muscle strains or other injury resulting from: the risks/hazards of cooking and maintaining temperature of hot food;, carrying supplies/equipment to and from event site; falling and tripping over unsecure cords; or the conduct of other participants, including their negligence or willful misconduct.

I certify that I will abide by all safety rules and the direction of the ACS Birthday Chili Cookoff staff. I further acknowledge that failure to abide by all safety rules and the direction of the ACS Birthday Chili Cookoff staff may result in my being disqualified from participating in the ACS Birthday Chili Cookoff on Fort Bragg.

I also agree to release the United States, the Department of Defense, and the United States Army from any and all liabilities, claims and causes of action, based on or arising from negligence or gross negligence on the part of the United States Army, Department of Defense, 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 participating in the ACS Birthday Chili Cookoff on Fort Bragg.

\_\_\_\_\_  
Date

*Completion of section below required if participant is under age 18.*

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Guardian of Minor