• I, the undersigned, certify that I am eighteen years old.
• I hereby understand that the purpose of this form is to allow me to return to Fort McCoy and participate in the Wisconsin Challenge Academy during the COVID-19 pandemic.
• I acknowledge that participation in the Wisconsin Challenge Academy involves certain dangers and risks, which may expose me to hazards of becoming ill with the Coronavirus.
• I understand that Wisconsin Challenge Academy will provide personal protective equipment to me for my use.
• I understand that I must obey all established rules, procedures, and follow the instructions of the staff in charge.
• I consent to and understand that Wisconsin Challenge Academy has the right to remove me from the Wisconsin Challenge Academy for my own safety or the safety concerns of others if I come down with the Coronavirus.
• I understand that I could be dismissed from the program for serious safety violations during the class. Under such circumstances, I understand I must be picked up at designated times as indicated by Wisconsin Challenge Academy. I understand Wisconsin Challenge Academy will not arrange or facilitate any travel alternatives (bus, plane, taxi, etc...) regardless of weather, transportation limitations, work or personal obligations.
• I acknowledge that there are certain risks associated with group style living accommodations.
• I acknowledge that there may be other risks inherent during this COVID-19 pandemic, of which I may not be presently aware.
• I also expressly assume all risks to myself whether said risk is known or unknown to me at this time.
• In consideration for being allowed to participate in the Wisconsin National Guard Challenge Academy, I hereby release and forever discharge the State of Wisconsin, its officers, agents, and employees, acting officially or otherwise, from any and all claims, demands, actions, or cause of action, on account of any injury or illness to my person, which may occur from any cause arising out of my participation in the Wisconsin National Guard Challenge Academy. I also agree to indemnify and hold harmless the State of Wisconsin, its officers, agents, and employees, from any/all liability or cause of actions which may arise from my participation in this program.

☐ I agree to return and participate in the Wisconsin Challenge Academy program.

CADET (print):____________________

Sign ___________________________ Date ___________________________