I, the undersigned, certify that I am the parent or legal guardian of the below mentioned Cadet.

I hereby understand that the purpose of this form is to authorize my child/ward named below 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 my child/ward to hazards of becoming ill with the Coronavirus.

I understand that Wisconsin Challenge Academy will provide personal protective equipment to my child/ward.

I understand that my child/ward 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 my child/ward from the Wisconsin Challenge Academy for his/her own safety or the safety concerns of others if my child/ward comes down with the Coronavirus.

I understand that my child/ward could be dismissed from the program for serious safety violations during the class. Under such circumstances, I agree to personally pick up my child/ward 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 my child/ward whether said risk is known or unknown to me at this time.

In consideration of my child/ward 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 child/ward, which may occur from any cause arising out of their 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 child’s/ward’s participation in this program.

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

PARENT/LEGAL GUARDIAN (print): ____________________________
Sign ____________________________ Date ____________________________

CADET (print): ____________________________
Sign ____________________________ Date ____________________________