

**NAVAL RESERVE OFFICERS TRAINING CORPS  
(NROTC)  
STANDARD RELEASE FORM  
AND  
PRIVACY ACT NOTIFICATION**

I, \_\_\_\_\_, a Candidate of the Naval Reserve Officers Training Corps, in consideration of basic participation in Naval Reserve Officers Training Corps sponsored extracurricular activities, to wit NROTC New Student Indoctrination from \_\_\_\_\_ to \_\_\_\_\_, do hereby release from any and all claims, demands, actions, or causes of action, due to death, injury, or illness, the government of the United States and all its officers, representatives, and agents acting officially and also the local, regional, and national Navy Officials of the United States, except as provided under 10 USC 1074b

I hereby authorize personnel of the Department of the Defense, Armed Forces, Public Health Service, or civilian physicians to render such medical and dental care as may be necessary and medically indicated in my case during this period of activity, as is deemed necessary by a qualified practitioner.

I understand that if I am injured in the line of duty during this training evolution that I may file a claim under the Federal Employee's Compensation Act (5 USC 8101 et seq.). The claim will be administered by the U.S. Department of Labor. If the claim is denied, I may be responsible for the cost of all medical care.

I understand that care at a military medical facility for non-military dependents will normally be rendered on a temporary (emergency) basis only; if further care is indicated, the patient will be transferred to non-military care as soon as possible. Emergency care provided to candidates who are not military dependents at a military medical facility may be subject to reimbursement, and I may be billed for the care provided. For Navy Medical Department facilities, such care is authorized by BUMED INSTRUCTION 6320.103.

I have no known medical conditions that might preclude or limit in any way participation in Naval Reserve Officers Training Corps sponsored extracurricular activities.

**PRIVACY ACT INFORMATION**

Under the authority of 5 U.S.C. Sec. 301, the information regarding your health, medical condition and treatment is requested in order to verify any need to administer medication and to enable medical/dental personnel to diagnose and treat any emergency condition that may arise during the above-mentioned activities. This information is protected under the Privacy Act, 5 U.S.C. 552. By signing this agreement, you agree that your medical information and other necessary information may be released to medical providers to provide for medical treatment. Disclosure is voluntary, however failure to provide the requested information will preclude your participation in the activity specified above.

**In the event of an emergency, Navy personnel may contact the following individuals and discuss your medical condition:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Or**

**I decline to provide any emergency contact information. \_\_\_\_\_ (Initial)**

\_\_\_\_\_

**Candidate Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**CONSENT OF PARENTS (OR GUARDIANS)**

**(To be completed and notarized if the Candidate is under 18 years of age)**

I certify that I am the parent or legal guardian of the Candidate who has signed this form in the above signature block.

I have read and understand this form.

I hereby consent to the Candidate's execution and participation in NROTC New Student Indoctrination program of this form.

**Parent Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_