



**EMERGENCY & DISASTER SURVIVAL INTELLIGENCE ACADEMY
DETROIT TACTICAL SURVIVAL & CRISIS MANAGEMENT UNIT**

*Detroit Headquarters
Masonic Temple
500 Temple St. 4th Floor, Level 4M
Detroit, MI 48201
313.300.0165
www.montfordpointmarinesofamerica.org*

APPLICATION FORM

(Annual Fee \$55 includes membership in Montford Point Marines of America, Inc.)

Applicant's Name _____ Date _____

Mobile Phone _____ Home _____ Email: _____

Street Address _____ City _____ State _____ Zip _____

Gender _____ Date of Birth _____ MI D.L. # _____

Emergency Contact: _____ Phone: _____ B/T Call _____

Medical History

Primary Care Physician: _____ Phone _____

Medical Insurance Provider _____ Policy# _____

Applicant, please list all physical/mental health issues or limitations: (Include autism, epilepsy, psychosis, depression, anxiety disorder, PTSD)

Ever hospitalized for psychiatric episodes: ___ Yes ___ No (If Yes, use extra sheet)

List Medical treatments for Medical Conditions: _____

List of Life threatening or medically incapacitating allergies: _____

(3) PERSONAL REFERENCES (non-family)

Name Title Phone Relationship Years Known

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for receiving permission to participate in the Montford Point Marines of America/Tactical Survival and Crisis Management Unit Emergency & Disaster Survival Intelligence Academy (**hereafter called RELEASEES**). I fully understand that it carries with it the potential for certain risks, some of which may not be reasonably foreseeable.

Therefore, I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** "Releasees" its Board of directors, officers, instructors, agents, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such activity, while in, on or upon the premises where the activities are being conducted, **REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES**, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law

2. I am fully aware that there may be risks and hazards connected with the activities of "Releasees", and I am aware that such activities include the risk of injury and even death, and I hereby elect to voluntarily participate in said activities, knowing that the activities may be hazardous to my property and me. I understand that "Releasees" does not require me to participate in this activity. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such activities, **WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES** or otherwise, to the fullest extent allowed by law

3. I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS** the RELEASEES from any loss, liability, damage, or costs, including court costs and attorneys' fees that Releases may incur due to my participation in said activities, **WHETHER CAUSED BY NEGLIGENCE OF RELEASEES** or otherwise, to the fullest extent allowed by law.

4. It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a **RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE** the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of MICHIGAN and that any mediation, suit, or other proceeding must be filed or entered into only in MICHIGAN and the federal or state courts of MICHIGAN. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

I HEREBY CERTIFY that I have personal MEDICAL insurance. My insurance company is as follows:

IN WITNESS WHEREOF, I have signed this Waiver and Agreement under seal on this
_____ day of _____, 20____

PARTICIPANT SIGNATURE _____