

REQUEST TO TOUR
NAVAL BASE KITSAP/STRATEGIC WEAPONS FACILITY PACIFIC

Waiver of Claims

In consideration for my participation in a tour within the Operational Area of Naval Base Kitsap-Bangor, Washington, which may include its waterfront restricted area, I hereby freely and voluntarily, and intending to be legally bound, accept all risks associated with this tour, and waive any and all rights to any claim, demand or any other action whatsoever (including but not limited to personal injury, wrongful death, property damage/loss and illness), now and in the future, including those attributable to simple negligence, for damages, due to accident or injury, resulting from this tour, for myself, my spouse, my heirs, my executors and administrators, and any other legal representatives of my estate or on my behalf, which I may have against the United States of America, the Department of Defense, the Department of the Navy, their officers, their enlisted personnel, their civilian personnel, and their successors and assignees.

Statement of Awareness

I attest and verify that I am aware that Naval Base Kitsap-Bangor is a military base and that there are areas within the Operational Area that are considered to be a military-industrial environment, full of inherent hazards. The most prevalent hazards are located in the areas surrounding naval vessels, piers, wharfs and dry docks. In those areas, there are numerous pieces of military-industrial equipment, which could injure people who are not careful around them. Furthermore, since those areas are used for military work, there are occasionally spills of oil or other fluids, which could easily cause people to slip and fall. Additionally, I understand that I will be in an area where the military handles munitions, which, while generally safe, have the potential to explode and severely injure or kill anyone within their explosive arc.

Acknowledgement and Signature

I have read the information provided above in its entirety. I recognize that the Operational Area of Naval Base Kitsap-Bangor, Washington is inherently dangerous. Having been warned of and knowing of these dangers, I consciously, knowingly and voluntarily accept the risk of injury, death or damage to property associated with my tour. I further certify that I am legally an adult (eighteen (18) years or older), in good health and able to participate in this activity. (Minors must obtain parent/guardian permission.)

SIGNATURE/GUARDIAN DATE WITNESS DATE

NAME: _____ NAME: _____
(Printed or typed) (Printed or typed)

ADDRESS: _____

COMPANY: _____

PHONE: _____ FAX: _____

Name and address of person to contact in case of emergency:

Phone: Hm () _____ Wk () _____