RISK ADVICEMENT AND RELEASE OF LIABILITY

In consideration of being allowed to embark as a member of the United States Navy Reserve in Title 10, United States Code status for training upon a patrol boat operated and maintained by the New York Naval Militia (NYNM), I assume all risks, including personal injury or death, arising out of my presence onboard a NYNM patrol boat. Neither I nor the United States Navy Reserve have paid the State of New York or the NYNM any financial consideration nor received any financial consideration from the State of New York or the NYNM as a condition of my presence and training on a NYNM patrol boat.

I agree for myself, my heirs, executors and administrators, to release, indemnify and hold harmless the State of New York, the Division of Military and Naval Affairs, and the New York Naval Militia, its personnel, equipment, boats, and vehicles from any and all liability, claims, demands, and causes of actions whatsoever, arising out of my presence and training on a NYNM patrol boat and the use of any New York State-owned facilities or equipment, whether it results from negligence or any other cause. I acknowledge that the risks involved in my being embarked as a passenger and/or for training on a NYNM patrol boat include, but are not limited to, slipping, falling, motion sickness, falling overboard, drowning, burns, and other physical injuries including death arising from collision, explosion, fire, running aground and/or sinking.

This release and indemnification shall be as broad and inclusive as is permitted by pertinent federal and state law. If any portion of it is held invalid, the balance shall continue in full force and effect.

I have read, understand, and agree to these provisions.

______________________________________________________________
Passenger/Trainee’s Printed Name, Rating/Rank, Service Component

______________________________________________________________
Passenger/Trainee’s Signature

Date

______________________________________________________________
Printed Name and Grade of NYNM Witness

______________________________________________________________
Signature of NYNM Witness

Date

RETURN ORIGINAL COPY OF THIS RELEASE TO DMNA LEGAL AFFAIRS (DMNA, ATTN: MNLA, Latham, NY)