

PROCEDURAL GUIDANCE MESSAGE

Name and Grade of Action Officer MSgt James Chenaille				Office Symbol RSOPA		Series Number 222		Signature of Action Officer			Implementation Date: 29 Jul 04
	To	Action	Initials/Date		To	Action	Initials/Date		To	Action	Initials/Date
1	RSOP/ CCU	Coord	RSOP _____ CCU _____	5				9			
2	JA	Coord	JA _____	6				10			
3	RSO/ CCU	APPR	RSO _____ CCU _____	7				11			
4	RSOPA	X-MIT	_____	8				12			

FROM: HQ AFRS/RSO

SUBJECT: Liability Release for PAST Applicants

TO: All Recruiting Personnel

1. Attached is a copy of the Liability Release and Express Assumption of Risk for **all** applicants who choose to take the Physical Ability and Stamina Test (PAST) for classification into the Combat Controller (CCT), Pararescue (PJ), or Survival, Evasion, Resistance, and Escape (SERE) career fields. These applicants include Non-prior Service, Prior Service, Previous Service, and Res-Res applicants who choose to apply for these jobs.
2. Ensure that the applicant is made aware and understands and appreciates the risks involved with the PAST.
3. Once completed, this form will be filed in the recruiting office in accordance with other applicant enlistment documents and their disposition schedule. We will be adding this form to AFRISS.
4. Refer any questions, through your chain of command to HQ AFRS/RSOPA at DSN 665-0369 or commercial (210) 565-0369.

FOR THE COMMANDER

//SIGNED//

DANIEL WOOLEVER, Lt Col, USAF
Chief, Operations Division

Attachment Liability Release

LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

PLEASE READ CAREFULLY AND FILL IN YOUR NAME BEFORE SIGNING

I, _____, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of the physical activities involved in the Physical Ability and Stamina Test (PAST).

I hereby state I am in good physical condition and health, and I know of no medical symptoms, conditions, illnesses, or other ailments which would be aggravated, worsened, or in any way adversely affected by my participation in the PAST activities.

I hereby state that I am voluntarily participating in the PAST because I desire to be classified into the Pararescue, Combat Controller, or SERE career fields. I agree to follow the directions and orders of the Air Force personnel directing these activities. I agree to immediately notify these personnel of any physical pain, shortness of breath or discomfort during these activities.

In consideration for being allowed to participate in these activities, I hereby personally assume all risks in connection with said activities, for any harm, injury, or damage that may befall me while I am taking the PAST, including all risks connected with these activities. Also, I understand that neither the Air Force nor the United States government provides any medical care in the event I am injured while participating in these physical activities.

I hereby exempt, release, and hold harmless the United States government and the United States Air Force from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my participation in this activity. I further state that I am of lawful age and competent to sign this liability release.

This agreement shall be interpreted according to federal law. It shall be as broad and inclusive as permitted by pertinent federal law.

PARTICIPANT SIGNATURE

DATE

WITNESS SIGNATURE

DATE

F PARTICIPANT IS UNDER THE AGE OF 18, COMPLETE THE FOLLOWING:

I am the parent or legal guardian of (participants name) _____, and I have read and understand the above hold harmless agreement between my child and the United States. By signing this agreement, I agree to release, acquit, and forever discharge the United States Government and the United States Air Force, their employees, agents, officer, director, representatives, and any other person or entity in interest with them, from any and all liability whatsoever, including all claims, demands, or causes of action of any kind and nature which I, my minor child, my heirs, executors, or assigns may have or ever claim to have which may occur or arise by reason of my child's participation in the PAST activities.

PARTICIPANT SIGNATURE

DATE

PARENT OR GUARDIAN SIGNATURE

DATE