

ANNEX H (COVENANT NOT TO SUE) To Paulding County High School Raider Challenge (MOI)

SUBJECT: Paulding County High School Raider Challenge – COVENANT NOT TO SUE. These forms will be collected and held by the cadre from each school. OFF-CAMPUS TRAINING AND PRACTICAL FIELD/HIGH –RISK TRAINING AUTHORITY: Title 10, M.S. Code 2301. 2.

PRINCIPLE PURPOSE(S): To release The U.S. Government, the host institution, The Unified Government of Paulding County Georgia and the state in which said institution is located from liability for injury, death, or damages while participating in voluntary off-campus training programs, practical field trips/exercises, drill meets, raider competition, and high-risk training. 3. ROUTINE

USES: Normal personnel actions. Disclosures of information may be provided to proper authorities in actions regarding law enforcement, legal actions as a result in injury or death, and investigations of accidents resulting from such voluntary off-campus training, practical field trips/exercises, drill meets, raider competition, and high-risk training. 4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT OF NOT PROVIDING INFORMATION: Voluntary. FAILURE TO COMPLETE FORM WILL DISQUALIFY STUDENT FROM PARTICIPATING IN SPECIFIC VOLUNTARY TRAINING EXERCISES.

I, _____, residing at _____ (TYPE OR PRINT NAME OF STUDENT) (ADDRESS) _____

AGE OF STUDENT: _____ PERIOD COVERED: October 4th 2025 Do

hereby agree that in consideration for being allowed to participate in the Paulding County High School (PCHS) Raider Challenge Competition to be conducted at PCHS, a supervised activity, and whereas I am doing so entirely on my own initiative, risk and responsibility: and being fully aware of the risk adhering to this type of training, hereby RELEASE AND DISCHARGE FOREVER, the United States Army, PCHS, Paulding County School district, Georgia, and all its officers, agents, and employees, acting agents and otherwise, from any other claims, demands, actions, or causes of actions, on account of myself or on account of any injury to me which may occur from any cause during activity or continuances thereof, and I do further covenant and agree to hold the said Government of the United States, Paulding County Government, Georgia, PCHS and the State of Georgia blameless for any and all damages which I may cause either intentionally or through my negligence.

Type/Print Name of Parent/Guardian,

Signature of Parent/Guardian,

(If student is under 18)

Relationship to Student
Date

(Witness) Form 145 14-R, May 93

Signature of Student

