

2011 CADET COMMAND AND STAFF SCHOOL PARENTAL PERMISSION FORM
(Hand-carry to CCSS for turn in by school at registration)

Cadet Name: _____ CCSS Assigned Flight: _____
(Print) (CCSS staff use only)

High School: _____ Home AFJROTC Unit Number: _____

_____ (print cadet name) has my permission to attend the AFJROTC Cadet Command and Staff School (CCSS) at Howard Payne University, Brownwood, Texas from 12 – 17 June 2011. The undersigned hereby and for my/our heirs, assigns, executors, administrators, and successors in interest, release the United States Air Force employees, Abilene Independent School District, Howard Payne University, and all instructors from liability for any and all claims arising from participation in and travel to and from, the Cadet Command and Staff School.

I authorize emergency medical treatment to be given to my son/daughter should it become necessary. I also agree to release Howard Payne University and the United States Government and its agents and employees from any and all claims of any such medical treatment. I understand I am responsible for the expense and that my primary insurance will be billed first, and the insurance carried by (CCSS) is the secondary insurance. I do not hold Howard Payne University liable for any injuries, accidents, or illness during the camp.

I agree to indemnify and hold harmless the University, its trustees, officers, faculty, employees, agents and/or representatives thereof, against any personal or bodily injury, death, property losses/damages, or expenses that may be incurred by Minor, including but not limited to, attorney's fees, by reason of the liability imposed by law upon Howard Payne University, sustained by any person, persons, group or organization and/or on account of any damage or property arising out of or in consequence of this agreement during Minor's time at the University.

Parent/Guardian Signature Student Signature

Date Date

Home Address: _____

City: _____ State: _____ Zip Code: _____

DOB: _____ Social Security #: _____

Insurance Company: _____ Policy number: _____
(attach copy of card)

Parent's:

Cell: _____ Home: _____ Work: _____

Cell: _____ Home: _____ Work: _____

