NAVAL RESERVE OFFICERS TRAINING CORPS(NROTC) STANDARD RELEASE FORM

OMB CONTROLNUMBER: 07030026 OMB EXPIRATION DATE: 01/31/2026

AGENCY DISCLOSURE NOTICE:

The public reporting burden for this collection of information, OMB-0703-0026, is estimated a average hours and 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering maintaining the data needed, and completing reviewing the collection of informatios end comments regarding the burden estimate

. I,, a Midshipman Candidate (MC) of the Naval Reserve	1.
OfficersTrainingCorps(NROTC), in consideration of basicparticipation in NROTC sponsore extracurricular	Off
ctivities, to wit NROTC New Student Indoctrination in June, July, or August 20do hereby release the	act
overnment of the United States and all its officers, representatives, and agents acting officially, and also all	gov
ocal, regional, andational Navy Officials of the United States, from any and all claims, demands, actions, or	loc
auses of action, death, injury, or illness, except as provided under 10 USC 1074b, Medical and dental care:	caı
cademy cadets and midshipmen; members of, and desilgaraphicants for membership in, Senior ROTC.	Ac

I hereby authorize personnel of the Department of the Defense, Armed Forces, Public Health Service, and/or civilian physiciansto rendersuchmedicalanddentalcareasmaybenecessarandmedicallyindicated my case during this period of activity, as is deemed necessary by a qualified practitioner.

I understandhatif I aminjuredin the line of duty during this training evolution, I may file a claim under the Federal Employee's Compensation Act (FECA 5 USC 8101, et seq.). The claim will be administered by the U.S. Department Labor (DOL). If any such claim is denied, I may be responsible for the cost of all medical care.

I understand that care at a military medical treatment facility (MTF) formiditary dependents will be rendered on a temporary (emergency basisonly; if further care is indicated, I will be transferred on non-military care as soon as possible mergency care provided at an MTF to MC who are not military dependents may be subject to reimbursement, and I may be billed for the care provided. Navy MTF, such care is authorized by BUMED INSTRUCTION 6320.103.

known I haveno known medical conditions

Thisa	authorization release finformation covers the period from:	
a.	to	<u>-</u> -

2. Effective Period

CONSENT OF PARENT(S) OR GUARDIAN(S)

(To be completed and notarized if the MC is under 18 years of age)

I certify that I amtheparentor legal guardian of the MC who has signed this form in the above signature block. I have read and understand this form. Parent/Guardian Signature: Printed Name: Address: Telephone: mobile or landline^{*Circle Type)} NotaryPublicVerification of Parent/Legal Guardian Signature State of_____ County of_____ Signed and sworn (or affirmed) before me on the day of ______, 202___. Signature Notary Public [SEAL] Title of Office: My commission expires: