

**PAYMENT AND SIGNATURE FORM  
2010 MN Wing Ground Team Academy**

CAPID:	Name:	Unit Charter:
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**RELEASE BY PARTICIPANT**  
(Required for all participants)

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for Civil Air Patrol Special Activities or Encampments, and I hereby volunteer entirely upon my own initiative, risk, and responsibility for an assignment to participate in this activity of encampment at the first available opportunity and with full knowledge that such activity may include:

1. Traveling by land, sea, or air in US military, commercial, or privately owned vehicles from regular place or residence to the site of the activity or encampment, travel incident to the activity or encampment, and subsequent return to place of residence.
2. Participation in aeronautical activities as a passenger or student trainee in US military, commercial, or privately owned aircraft.
3. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions.
4. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.
5. Remaining with the cadet group I am assigned to at all times during the activity or encampment.
6. Acting as a spokesman for Civil Air Patrol, rendering reports on the activity or encampment.
7. Refraining from argumentative discussions concerning governmental policies.

In consideration of the permission extended to me by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**RELEASE BY PARENTS OR GUARDIAN**  
(Required for cadets under 18)

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity or encampment referred to above. In consideration of the permission extended to my child by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents and employees acting official or otherwise, from any and all claims, demands, actions or causes of action, on account of the death or on account of any injury to my child which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto. In addition, by my signature below, I certify the applicant:

1. Is my minor child or ward.
2. Has no history or injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form.
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer or encampment commander, or other staff members. If not following the above mentioned rules, regulations, and directives he/she may be sent home at the discretion of the project officer, encampment commander or activity director at my expense.

However, in case of injury, disease or other illness, permission is hereby granted to treat the applicant as required, and if the applicant is released from the activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS FOR FATHER'S SIGNATURE

\_\_\_\_\_  
FATHER OR LEGAL GUARDIAN

\_\_\_\_\_  
WITNESS FOR MOTHER'S SIGNATURE

\_\_\_\_\_  
MOTHER OR LEGAL GUARDIAN

**SQUADRON COMMANDER'S CERTIFICATION**  
(Required for all participants)

I certify that this cadet has my permission to attend the 2010 MN Wing Ground Team Academy. They currently possess a General Emergency Services Rating and have completed FEMA IS-100 and IS-700.

\_\_\_\_\_  
Unit Commander's Signature

\_\_\_\_\_  
Date

**Do not mail this form in unless you have already applied online at <http://www.mncap.org/es/gta>.**

Attach a check or money order for \$45 made out to "Minnesota Wing CAP" to this form and mail to:

Minnesota Wing Civil Air Patrol  
Attn: Ground Team Academy  
6275 Crossman Lane  
Inver Grove Heights, MN 55076

All forms must be postmarked before 2 August 2010. If you are unable to meet this deadline, please hand carry your payment and signature form with you to the activity. All forms must be complete with all required signatures.

Direct all application questions to Lt Col Chet Wilberg at [cwilberg@mncap.org](mailto:cwilberg@mncap.org) or (612) 418-2333.