



Army National Guard Training Site, Bldg 505  
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Guernsey, Wyoming 82214-0697  
(307) 836-7500

## PARENT(S)/GUARDIAN(S) and CANDIDATE CERTIFICATE OF UNDERSTANDING AND RELEASE OF LIABILITY

I/We, the Parent(s)/Guardian(s) of the Candidate, and Candidate \_\_\_\_\_ who is applying to attend the Wyoming Cowboy Challenge Academy at Camp Guernsey, Wyoming, agree to permit my child/ward to fully participate in all aspects of the Wyoming Cowboy Challenge Academy. I understand this is a 17.5-month program consisting of a Residential Phase which includes a two-week Acclimation Period followed by twenty (20) weeks of academics and education, and a Post-Residential Phase that is twelve (12) months long.

I/We, the Parent(s)/Guardian(s) of the Candidate, or Candidate if 18 years of age, certify that I/we understand the following sections below (Parent(s)/Guardian(s) and/or Candidate, if 18 years old, must initial on line after reading each numbered section):

**1) Medical Screening.** I/We understand that my child/ward must pass a medical examination and may be dismissed if found unfit for the Program and its components.

\_\_\_\_\_ Initials

**2) Drug Testing.** I/We understand that my child/ward will be subject to screening upon arrival at the Challenge Academy Program and scheduled for random drug screening during the Residential Phase.

a.) I/We do consent to my/our child's/ward's participation in preliminary, scheduled and random drug screening to determine eligibility and to ensure youth remains DRUG FREE.

b.) If my child/ward screen results are positive for any illegal substance or refuses to submit to a drug screening upon request by the Program Staff during the course of the program, my child/ward may be immediately dismissed from the Program.

\_\_\_\_\_ Initials

**3) Voluntary Program.** I/We understand that the Wyoming Cowboy Challenge Academy is a voluntary program. However, I/we will encourage my/our child/ward to complete the program if it is so recommended by the Program Staff.

\_\_\_\_\_ Initials

**4) Dismissal.** I/We understand and agree that if my/our child/ward is dismissed from the Residential Phase of the Program for any reason, I/we will pick up my/our child/ward at Camp Guernsey, WY within 24 hours of notification.

\_\_\_\_\_ Initials

Revised September 2014

Authority: W.S. § 21-13-332

Purpose: To determine eligibility of Wyoming Cowboy Challenge Academy Applicants

Routine Uses: None. Disclosure is voluntary; however, failure to provide any information may result in your application and/or admission being denied.

5) **ChalleNGe Program Transportation.** I/We authorize the Wyoming Cowboy ChalleNGe Academy to transport my child/ward as a passenger in designated a) Challenge Program, b) National Guard government owned vehicles (GOV), and c) commercially procured transportation means, including ground and air vehicles, during the Candidate's/Cadet's participation in the ChalleNGe Program for the purpose of conducting field trips, service to community events, program learning projects, etc... I/My child/ward will accept such transportation entirely at his/her own initiative, risk and responsibility.

a. If necessary due to medical, physical, dental, disciplinary or other reasons, the Director of the ChalleNGe Program may return my child/ward home by commercial or private carrier, for which I/we may be responsible for payment.

\_\_\_\_\_ Initials

6) **Discipline.** I/We give my permission for the WCCA staff to maintain discipline in the program by imposing appropriate disciplinary measures upon me/my child/ward. The Director of the ChalleNGe Academy and staff may assign physical exercise (push-ups, sit-ups, running in place, etc) or physical motivators (standing in place, sitting on floor, etc.) as a means of corrective discipline and retraining.

\_\_\_\_\_ Initials

7) **Inspections.** I/We give permission for the Program staff to conduct inspections and/or searches of my/child/ward's personal property and belongings as determined necessary by the ChalleNGe Program staff.

\_\_\_\_\_ Initials

8) **Policies.** I/We agree to support the policies, procedures and rules established for the orderly conduct of the ChalleNGe Program. At times, this may include during WCCA Field Trips or Service to Community events the presence and/or use of tobacco and/or alcohol by non-Academy staff (e.g. spectators/bystanders at the Wyoming State Fair Parade who are in the vicinity of WCCA cadets).

\_\_\_\_\_ Initials

9) **Program Completion.** I/We understand that upon completion of the ChalleNGe Program there will be no guaranteed stipend or other monetary award.

\_\_\_\_\_ Initials

10) **Youth Participant Status.** I/We understand that program participants are neither Federal employees nor members of the National Guard. For the purpose of compensation for work injuries, youth participants shall be considered Federal employees under Subchapter 1 of Chapter 81 of Title 5, US Code; this also applies to Sections 1346(b) and Chapter 171 of Title 28 US Code, and any provision of law relating to US liability for tortious conduct of employees. Participants are not considered to be in the performance of duty when not on Camp Guernsey or other scheduled activity authorized per the Program Agreement except when traveling to or from the location or is on pass from training. In computing compensation benefits for disability or death, the monthly pay of a participant shall be deemed that received under the entrance salary for a grade GS-2 Federal employee. The disability entitlement to receive compensation shall begin on the day following the date that the person's participation in the program is terminated.

\_\_\_\_\_ Initials

\_\_\_\_\_ Youth Initials (if under 18 years old)

I/We, the Parent(s)/Guardian(s) and Candidate do voluntarily understand, accept and agree to the following:

**Failure to Disclose Information.** I/We have reviewed all the information provided in this application and, to the best of my/our ability, have willingly and truthfully provided all requested information and do hereby certify this data is true and complete to the best of my/our knowledge. I/We understand upon program staff discovery of the failure to disclose all requested application information it may result in acceptance declination or program dismissal.

**Acknowledgement of Risk.** I/We and my child fully understand and accept the risks inherent in their participation in the ChalleNGe Program and activities, including the possibility of injuries, illness, accidents while traveling in vehicles or aircraft (to include military aircraft), or injuries while participating in community projects or any other activities deemed proper by the Director of the ChalleNGe Program. This includes, but is not limited to: rappelling, aircraft and helicopter flights, low and high ropes course, navigation courses, and the Leadership Reaction and Obstacle Courses. This includes activities my child/ward might participate in with their approved and matched Mentor.

**Releases of Liability.** In consideration of my child/ward being allowed to participate in the Wyoming Cowboy ChalleNGe Academy, I/We hereby release and forever discharge the State of Wyoming, its officers, agents, and employees, acting officially or otherwise from any and all claims, demands, actions or cause of action, on account of any injury or illness to my child/ward, which may occur from any cause arising out of their participation in the Wyoming Cowboy ChalleNGe Academy. I also agree to indemnify and hold harmless the State of Wyoming, its officers, agents, and employees, from any/all liability or cause of actions which may arise from my child's/ward's participation in this program.

_____	_____	_____	_____
*Parent/Guardian Signature	Date	*Parent/Guardian Signature	Date

\_\_\_\_\_  
Applicant (if 18 years old)                      Date

\*If joint custody, must be signed by parent with court ordered, physical placement.

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