



**DEPARTMENT OF MILITARY AND VETERANS AFFAIRS**  
**Division of Homeland Security and**  
**Emergency Management**

P. O. Box 5750, Fort Richardson, AK 99505-5750  
 Phone: 800.478.2337 Fax: 907.428.7009

<b>Student Name</b>	_____	<b>School</b>	_____
<b>Activity/Event</b>	<b>Experience the “Quake Cottage Earthquake Simulator</b>	<b>Date:</b>	_____
<b>Location:</b>	_____		
<b>Time:</b>	_____	<b>Fees:</b>	<b>No fee for this activity</b>

As the parent or guardian of this student, I hereby release, waive, discharge and agree to hold harmless the State of Alaska, Department of Military Affairs, Division of Emergency Services, its agents, officers, employees and volunteers from all liability to me, my spouse or my child for any and all claims, loss, damage or personal injury, resulting from my or my child’s participation in the “Quake Cottage” exhibit, unless the damage and personal injury has been caused by the sole negligence of the agents, officers, employees or volunteers of the State of Alaska, Department of Military Affairs, Division of Emergency Services.

I understand that accidents may occur. If first aid is required, it may be provided by the “Quake Cottage” staff prior to the arrival of emergency personnel. I waive on behalf of myself, spouse, and the above named child any liability of the State of Alaska, Department of Military Affairs, Division of Emergency Services and of its agents, employees or volunteers arising out of such medical treatment.

I have read this release carefully and agree to allow my child to participate.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Information:

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Special Instructions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_