

## HRA / ROO Enrollment Checklist for ROO Zone / CCIMM

Name (Last, First, MI): \_\_\_\_\_ MSL Class \_\_\_\_\_

Birth Certificate & Passport	_____ (ROO makes copy CCIMM / US citizenship)
Social Security Account Number Card	_____ (ROO makes copy)
Transcript (HS &/or GCC/UOG)	_____ (self-service copy OK)
Emergency Data Sheet	_____ (HRA form added)
HQ4r Form 64 (Medical History Statement)	_____ (Medical History info)
Medical Fitness Statement (DA 3425)	_____ (UPD Form 04-2023)
CC Form 136-R (ROTC Benefits)	_____ (UPD Form 06-2024)
CC Form 137-R (Auth to Access)	_____ (Student Records) UPD 06-2024
CC Form 139-R (Enrollment)	_____ (ROO Zone-printout) UPD 06-2025
CC Form 104-R (Planned Academic Program)	_____ (Worksheet/Instructions) UPD 07-2025)
Dental Exam Requirement	_____ Dentist name/address/phone
DD Form 93 (Record of Emergency Data)	_____ (Parents/contact info) UPD 02-2023
DD Form 2005 (Privacy Act Statement)	_____ Health Care Records 06-2018
Full time student (GCC/NMC/UOG)	_____ (verify enrolled 12 credit hours)
ROO Lead Card/Folder (ROO)	_____ (entered in ROO Zone; print 139-R)
DD Form 2058 (State of Legal Residence Certificate)	_____ (UPD Form 01-2018)
USACC Form COIRWL	_____ Waiver of Liability (02-2012)
Other Items required (specify)	_____ ROO (DD 214, Other transcripts, etc.)
Email to Prospect w/ documents	_____ ROO

CC Form 139-R; CC Form 104-R; ROTC FAQ &  
Brochure; Scholarship APP; Checklist

Updated 12 July 2025

# EMERGENCY DATA SHEET

(Privacy Act Statement applies)

Cadet Name: \_\_\_\_\_

Cadet Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cadet Phone Number: \_\_\_\_\_

Person to contact in case of emergency:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Do you currently have health insurance? (Please circle one)    YES    NO

If so, Name of Provider (Insurance Company): \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Any immediate health issues (allergies, etc., cadre should be aware of)? \_\_\_\_\_

\_\_\_\_\_

# MEDICAL HISTORY STATEMENT FOR ADMISSION TO ROTC BASIC COURSE

Title	Last Name	First Name	M Initial	SSN

\*\*\*\*\*  
PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 103 (Sec 2103, 2104)

PRINCIPAL PURPOSE: To inform personnel about RFD Program

ROUTINE USES: To determine or verify medical fitness for participation in the Army ROTC Basic Course.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECTS ON INDIVIDUALS NOT PROVIDING INFORMATION: Disclosure of information is voluntary; however, failure to furnish any or all of the requested information may delay processing or result in denial of participation.

\*\*\*\*\*  
The medical history requested below is required for admission to the ROTC Basic Course. This course is no more strenuous than a college physical education course.

1.	Do you know of any medical reason why you should not take Army ROTC? If Yes, Cause:
2.	Do you require: Insulin, Desensitization Epilepsy treatments, Other; *Underline or annotate "N/A" if not applicable
3.	Have you had counseling for mental health reasons? If YES, Cause:
4.	What serious accidents have you had?
5.	What surgical operations have you undergone?
6.	Cause of other hospitalization?
7.	Do you have a disability? If YES, What?
8.	What broken bones have you had?
9.	Check the diseases you have or have had: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Asthma  <input type="checkbox"/> Scarlet Fever  <input type="checkbox"/> Nervous Breakdown </div> <div> <input type="checkbox"/> Diabetes  <input type="checkbox"/> Heart Trouble  <input type="checkbox"/> Other Disease </div> <div> <input type="checkbox"/> Epilepsy  <input type="checkbox"/> Rheumatic Fever </div> </div>
10.	Do you have any other condition that we need to be aware of? ____ If so, what?

"I hereby affirm that to the best of my knowledge ALL INFORMATION FURNISHED ON THIS FORM IS COMPLETE AND ACCURATE. I understand that withholding information may make me ineligible for admission or may result in dismissal.

\_\_\_\_\_  
DATE

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

<p style="text-align: center;"><b>MEDICAL FITNESS STATEMENT</b>  <b>FOR ENROLLMENT IN BASIC COURSE, SENIOR ROTC</b>  For use of this form, see AR 145-1; the proponent agency is DCS, G-1.</p>	DATE (YYYYMMDD)
<p>I have examined _____ and find no medical  <i>(First Name - Middle Initial - Last Name)</i>  condition or physical impairment that precludes their participation in the basic course, Army ROTC, a program  not more physically strenuous than a normal college physical education program.</p>	
SIGNATURE OF PHYSICIAN	

**BRIEFING ON GOVERNMENT SPONSORED BENEFITS FOR ROTC CADETS  
(ROTC Cadet Cmd PAM 145-4)**

**BRIEFING ON GOVERNMENT SPONSORED BENEFITS FOR ROTC  
CADETS**

**Revision Date:** 06/1/24

I have been briefed this date on government-sponsored benefits for ROTC cadets and understand that-

1. Enrolled ROTC cadets and applicants for enrollment who suffer illness/injury as a result of authorized (scheduled and supervised) training, or authorized travel to and from such training, are eligible for compensation through the Department of labor/Department of Veteran Affairs.
2. ROTC cadets may not receive medical coverage and disability benefits from the Department of Labor or the Department of Veteran Affairs for injuries sustained when traveling off-post for personal recreation/activities. It is the responsibility of the individual cadet to obtain adequate or additional insurance to cover themselves for off-post, non-ROTC related activities.
3. ROTC cadets must report any injury/illness sustained while participating in authorized training or authorized travel to and from such training to the battalion commander/PMS or other authorized cadre. Cadets are responsible for submission of claims to the proper department as listed in paragraph 1 above, with the assistance of battalion cadre.
4. Army medical treatment facilities (subject to the availability of space, facilities, and capabilities of the professional staff) are authorized to provide care for injury incurred or disease contracted while attending field training.
5. Injured students who are eligible to receive medical treatment are authorized medical care from the following sources:
  - a. U.S. Public Health Service hospitals or physicians where available.
  - b. Army, Navy, Air Force, or VA medical treatment facilities, subject to the availability of space, facilities, and the capabilities of the professional staff.

DATE

CADET SIGNATURE

\_\_\_\_\_  
Printed Name of Cadet

## AUTHORIZATION/DECLINATION FOR ACCESS TO STUDENT RECORDS

For use of this form, see CC Pam 145-4, the proponent agency is ATCC-PC

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**Authority** 20 USC 1232g, and Public Law 93-380  
**Principal Purpose** To authorize/decline the release of any and all official records maintained by the ROTC Department to personnel in the Department of Defense and/or parents.  
**Routine Uses** To provide authorization/declination to release information contained in official records.  
**Disclosure** Disclosure is voluntary.

### PART I - AUTHORIZATION FOR ACCESS TO STUDENT RECORDS

Having been advised of the provisions of Public Law 93-380 (20 USC 1232g, Family Educational Rights and Privacy Act of 1974) and in connection with my participation in the Army ROTC program, I

hereby authorize the release of any and

(Cadet's Name)

all official records maintained by the

(Name of School)

or it's ROTC Department to personnel in the Department of Defense and/or my parents,

(Name of Parents)

I waive any requirement that I be furnished a copy of those records prior to or concurrent with their release. This consent remains effective until my relationship with the ROTC program is terminated.

Signature of Cadet

Date

### PART II - DECLINATION OF PARENTAL ACCESS TO STUDENT RECORDS

Although informing my parents of the academic/ROTC progress made by me may assist in my quest to become a commissioned officer, I decline to allow release of official records maintained by

ROTC Department to my

(Name of School)

parents. (Exception: Parents who still claim student as a dependent for IRS purposes)  
future, I will inform the ROTC Department in writing.

If I change my mind in the

Signature of Cadet

Date



CADET APPLICATION AND ENROLLMENT RECORD

For use of this form, see USACC Pam 145-4, the proponent agency is ATCC-PAC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

10 USC 2101, 2103, 2104, 2107, 2111, and 5 USC 301

To obtain personnel data in order to determine eligibility for enrollment and serve as a source document for cadet's service record throughout participation in the ROTC Program. Provides data for the administration of the ROTC student commencing with application for enrollment into the ROTC Program.

To verify eligibility to participate in the ROTC Program; to provide information on addresses and telephone numbers for use in the event of death, injury, illness or unauthorized absence while participating in ROTC activities; to facilitate contact with a cadet during other than normal training periods; to make a matter of record the information provided by the Cadet.

Disclosure is voluntary. However, failure to provide complete information and provide responses will suspend the enrollment process into the ROTC Program.

PART I - GENERAL INFORMATION

Reset Form

1. NAME Last

1a. NAME First

1b. NAME MI

2. SSN

3. COLLEGE ID #

4. E-MAIL

5a. CITY

5b. STATE

5c. ZIP CODE

6. PHONE

7a. CITY

7b. STATE

7c. ZIP CODE

8. PHONE

9. DOB

10. POB

11. RELIGIOUS PREF

12. BLOOD TYPE

13. ACT

14. SAT

15. SEX

16. HEIGHT

17. WEIGHT

18. MARITAL STATUS

19. DEPENDENTS

19a. Number of Dependents

20. ETHNICITY (Check One)

☐ Hispanic or Latino

☐ Non-Hispanic or Non-Latino

20a. RACE (may select more than one)

☐ American Indian or Alaska Native

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Multiracial

21. CITIZENSHIP (Check One)

☐ U.S. Born

☐ U.S. Citizen

☐ Non U.S. Citizen

☐ Naturalized

☐ Born Overseas with U.S. Parents

☐ Dual Citizenship (See USACC PAM 145-4, 5-17)

☐ Immigrant Alien

☐ Nonimmigrant Alien

☐ Refugee

22. Do you have any condition that could interfere with you participating in a normal college physical education course?

22a. If "yes" explain

23. Have you ever received Medical Disability payments from any source?

23a. If "yes" explain

24. NEXT OF KIN

24a. ADDRESS

24b. PHONE

PART II - ACADEMIC INFORMATION

25. ROTC HOST SCHOOL

University of Guam

25a. FICE CODE

003935

26. SCHOOL OF ATTENDANCE

University of Guam

26a. FICE CODE

003935

27. RESIDENCY STATUS

28. ACADEMIC CLASS

29. PROJECTED GRADUATION DATE

30. ACADEMIC MAJOR

31. ACADEMIC MINOR

32. CREDITS TOWARD DEGREE

33. CREDITS REQUIRED FOR DEGREE

34. CGPA (COLLEGE)

35. OTHER COLLEGES ATTENDED

35a. YEAR(S) ATTENDED

36. HIGH SCHOOL ATTENDED

36a. GRADUATION DATE

37. ROTC SCHOLARSHIP RECIPIENT

37a. If "yes" what type?

38. OTHER SCHOLARSHIPS

39. JROTC EXPERIENCE

PART III - CURRENT OR PRIOR MILITARY SERVICE (TO INCLUDE OFFICER PRODUCING PROGRAMS)

☐ NOT APPLICABLE (Go to PART IV)

40. CURRENT SERVICE: Are you currently in the Armed Forces?

40a. If "yes" which Branch?

40b. SMP UNIT

40c. Is your spouse currently a member of the Armed Forces?

41. PRIOR SERVICE: Have you ever been enrolled in an officer producing program?

41a. Were you ever disenrolled from any ROTC Program?

41b. Were you ever enrolled in a Service Academy?

41c. Were you ever discharged from the Armed Forces?

41d. If "yes", what type of discharge?

41e. If "yes" what was the RE Code?

41f. Months of Active Service

41g. Have you ever been discharged for medical reasons?

41h. If "yes", explain:

41i. Have you enlisted through the Military Accessions Vital to National Interest (MAVNI) Program?

# CADET APPLICATION AND ENROLLMENT RECORD

Last Name

SSN

## PART IV - STUDENT STATEMENTS

### 42. RELEASE OF INFORMATION

The Privacy Act requires that we notify you of other routine uses of the information we collect from you. You should know that if you leave school, we might provide your name, address, and phone number to the U.S. Army Recruiting Command. This is done because the Active Army, Army Reserve, and National Guard want and need intelligent young men and women. They also have programs which might help you return to college. The transfer of information to the Recruiting Command means that, if you drop from school, you may receive information in the mail or be called by an Army Recruiter. You are under no obligation to accept the mail or to talk to the recruiter.

☐ I have read and understand the above statement concerning data required by the Privacy Act of 1974.

Verification of the following statements is required in order to assist in establishing eligibility to participate in the ROTC program. Failure to provide a response will preclude further processing as an enrolled cadet. Failure to provide an accurate or truthful response is grounds for barring entry into the SROTC program or for the initiation of disenrollment action. Your signature at the bottom of this page will attest to the accuracy of your responses on this form.

### 43. STATEMENT OF CRIMINAL PROCEEDINGS BY CIVIL OR MILITARY AUTHORITIES

I have not been indicted or summoned into court under civilian or military law as a defendant in a criminal proceeding, to include any and all proceedings involving juvenile or adult criminal offenses, but excluding minor traffic violations (Exception: alcohol-related driving offenses) which involved a fine of \$300 or less (excluding court fees). No waiver required except when the applicant has accumulated six or more such offenses during any 12-month period. I have never been convicted, fined, imprisoned, placed on probation, paroled, or pardoned (to include alcohol violations and misdemeanors), except for minor traffic violations as defined above. I will advise the Professor of Military Science of any future information pertaining to any changes of criminal conduct against myself and I shall do so as soon as practical under the circumstances. Records that are expunged, sealed, set aside, dismissed, or original findings or pleas changed **STILL** require a waiver.

Check One: ☐ The above statement is true. ☐ The above statement is not true - Explain:

### 44. SUBSTANCE ABUSE

Check One:

☐ I have never used an illegal substance or drug.

☐ I have used illegal substances or drugs only on an experimental or limited basis.

☐ I have been a recent or frequent user of illegal substances or drugs.

When:

How Often:

When:

How Often:

NOTE: Any future drug use will be grounds for disenrollment from the ROTC Program.

### 45. RELIGIOUS ACCOMMODATION

The U.S. Army cannot guarantee that my religious practices will be accommodated. I acknowledge and understand that it is the Department of the Army's policy to accommodate religious practices as long as the practice will not have an adverse impact on military readiness, unit cohesion, standards, health, safety or discipline. I further acknowledge and understand that the U.S. Army has the right to amend or eliminate any such accommodation based on the needs of the Army.

☐ I have read and understand the above statement concerning accommodation of my religious practices. I do ☐ I do not ☐ wish to submit a religious accommodation

### 46. CONSCIENTIOUS OBJECTION

If you have moral convictions that preclude you from bearing firearms and/or participating in full military service with the U.S. Army, to include armed combat, then you are a conscientious objector. AR 600-43 defines conscientious objection as "Opposition to participating in any form of war or the bearing of arms due to sincerely held morals, ethical or religious beliefs, or a combination of such beliefs."

Check One: ☐ I am not a conscientious objector.

☐ I am a conscientious objector.

Explain:

### 47. EXTREMIST GROUPS

Have you ever had, or currently have, any association with an extremist/hate organization or gang? ☐ Yes ☐ No

Intentionally Left Blank

"All information given on this form is correct to the best of my knowledge."

SIGNATURE OF CADET

### 48. LOYALTY OATH (OPTIONAL FOR NONCONTRACTED CADETS)

"I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States of America against all enemies, both foreign and domestic; that I will bear true faith and allegiance to the same, and that I take this obligation freely, without any mental reservation or purpose of evasion, so help me God."

SIGNATURE OF CADET

DATE



# PLANNED ACADEMIC PROGRAM WORKSHEET

For use of this form, see USACC Pam 145-4, the proponent agency is ATCC-PAS

OMB Control Number: 0702-XXXX  
OMB Expiration Date: XX/XX/XXXX

The public reporting burden for this collection of information, 0702-XXXX, is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, whs.mc.alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO REQUESTING ROTC PROGRAM.**

## DATA REQUIRED BY PRIVACY ACT STATEMENT OF 1974

**AUTHORITY:**  
**PRINCIPAL PURPOSE:**

Title 10, US Code § 2101 and 2104 and 2107 and 2107a.  
To provide information and data necessary for administering Army Senior ROTC program, processing, and managing of selected students for commissioning in the Army IAW established public law and Army Regulations.

**ROUTINES USE(S):**  
**VOLUNTARY DISCLOSURE:**

To provide a projected academic plan to determine if the applicant meets the public law requirements of two remaining academic years.  
Voluntary information is necessary to determine eligibility of the individual for acceptance, continuance, or discontinuance in the Army ROTC program.

<b>Reset Form</b>		<b>1. NAME OF STUDENT (LAST, FIRST, MI)</b>	<b>2. ACADEMIC MAJOR</b>	<b>2a. CIP CODE</b>	<b>3. AS OF DATE (MM/DD/YYYY)</b> (Date of form preparation)										
<b>4. Type of Degree Currently Pursuing</b>		<b>6. GRADE POINT AVERAGE (GPA)</b>													
7.		<table border="1"> <tr> <td colspan="2">Term:</td> <td>CGPA:</td> <td>Term:</td> <td>CGPA:</td> </tr> <tr> <td colspan="2">Curr GPA:</td> <td>Curr GPA:</td> <td>Curr GPA:</td> <td>Curr GPA:</td> </tr> </table>				Term:		CGPA:	Term:	CGPA:	Curr GPA:		Curr GPA:	Curr GPA:	Curr GPA:
Term:		CGPA:	Term:	CGPA:											
Curr GPA:		Curr GPA:	Curr GPA:	Curr GPA:											
a. Bde		<table border="1"> <tr> <td colspan="2">Term:</td> <td>CGPA:</td> <td>Term:</td> <td>CGPA:</td> </tr> <tr> <td colspan="2">Curr GPA:</td> <td>Curr GPA:</td> <td>Curr GPA:</td> <td>Curr GPA:</td> </tr> </table>				Term:		CGPA:	Term:	CGPA:	Curr GPA:		Curr GPA:	Curr GPA:	Curr GPA:
Term:		CGPA:	Term:	CGPA:											
Curr GPA:		Curr GPA:	Curr GPA:	Curr GPA:											
8th		<table border="1"> <tr> <td colspan="2">Term:</td> <td>CGPA:</td> <td>Term:</td> <td>CGPA:</td> </tr> <tr> <td colspan="2">Curr GPA:</td> <td>Curr GPA:</td> <td>Curr GPA:</td> <td>Curr GPA:</td> </tr> </table>				Term:		CGPA:	Term:	CGPA:	Curr GPA:		Curr GPA:	Curr GPA:	Curr GPA:
Term:		CGPA:	Term:	CGPA:											
Curr GPA:		Curr GPA:	Curr GPA:	Curr GPA:											
b. HOST SCHOOL		<table border="1"> <tr> <td colspan="2">Term:</td> <td>CGPA:</td> <td>Term:</td> <td>CGPA:</td> </tr> <tr> <td colspan="2">Curr GPA:</td> <td>Curr GPA:</td> <td>Curr GPA:</td> <td>Curr GPA:</td> </tr> </table>				Term:		CGPA:	Term:	CGPA:	Curr GPA:		Curr GPA:	Curr GPA:	Curr GPA:
Term:		CGPA:	Term:	CGPA:											
Curr GPA:		Curr GPA:	Curr GPA:	Curr GPA:											
University of Guam		<table border="1"> <tr> <td colspan="2">Term:</td> <td>CGPA:</td> <td>Term:</td> <td>CGPA:</td> </tr> <tr> <td colspan="2">Curr GPA:</td> <td>Curr GPA:</td> <td>Curr GPA:</td> <td>Curr GPA:</td> </tr> </table>				Term:		CGPA:	Term:	CGPA:	Curr GPA:		Curr GPA:	Curr GPA:	Curr GPA:
Term:		CGPA:	Term:	CGPA:											
Curr GPA:		Curr GPA:	Curr GPA:	Curr GPA:											
c. ACADEMIC SCHOOL		<table border="1"> <tr> <td colspan="2">Term:</td> <td>CGPA:</td> <td>Term:</td> <td>CGPA:</td> </tr> <tr> <td colspan="2">Curr GPA:</td> <td>Curr GPA:</td> <td>Curr GPA:</td> <td>Curr GPA:</td> </tr> </table>				Term:		CGPA:	Term:	CGPA:	Curr GPA:		Curr GPA:	Curr GPA:	Curr GPA:
Term:		CGPA:	Term:	CGPA:											
Curr GPA:		Curr GPA:	Curr GPA:	Curr GPA:											
UNIV OF GUAM		<table border="1"> <tr> <td colspan="2">Term:</td> <td>CGPA:</td> <td>Term:</td> <td>CGPA:</td> </tr> <tr> <td colspan="2">Curr GPA:</td> <td>Curr GPA:</td> <td>Curr GPA:</td> <td>Curr GPA:</td> </tr> </table>				Term:		CGPA:	Term:	CGPA:	Curr GPA:		Curr GPA:	Curr GPA:	Curr GPA:
Term:		CGPA:	Term:	CGPA:											
Curr GPA:		Curr GPA:	Curr GPA:	Curr GPA:											
8. ACADEMIC SCHOOL IDENTIFICATION (Check one):		<table border="1"> <tr> <td colspan="2">Term:</td> <td>CGPA:</td> <td>Term:</td> <td>CGPA:</td> </tr> <tr> <td colspan="2">Curr GPA:</td> <td>Curr GPA:</td> <td>Curr GPA:</td> <td>Curr GPA:</td> </tr> </table>				Term:		CGPA:	Term:	CGPA:	Curr GPA:		Curr GPA:	Curr GPA:	Curr GPA:
Term:		CGPA:	Term:	CGPA:											
Curr GPA:		Curr GPA:	Curr GPA:	Curr GPA:											
Host		<table border="1"> <tr> <td colspan="2">Term:</td> <td>CGPA:</td> <td>Term:</td> <td>CGPA:</td> </tr> <tr> <td colspan="2">Curr GPA:</td> <td>Curr GPA:</td> <td>Curr GPA:</td> <td>Curr GPA:</td> </tr> </table>				Term:		CGPA:	Term:	CGPA:	Curr GPA:		Curr GPA:	Curr GPA:	Curr GPA:
Term:		CGPA:	Term:	CGPA:											
Curr GPA:		Curr GPA:	Curr GPA:	Curr GPA:											

## 9. TERM, YEAR, COURSE NUMBER (No.), COURSE TITLE, COURSE CREDIT HOURS (Hrs), ACHIEVED GRADES (Grd), AND DISTANCE LEARNING (DL).

a.		b.		c.	
Term:		Term:		Term:	
No.	Course Title	No.	Course Title	No.	Course Title
Hrs.	DL?	Hrs.	DL?	Hrs.	DL?
Grd.		Grd.		Grd.	
Total Term Hours:		Total Term Hours:		Total Term Hours:	
0 0		0 0		0 0	

d.		e.		f.	
Term:		Term:		Term:	
No.	Course Title	No.	Course Title	No.	Course Title
Hrs.	DL?	Hrs.	DL?	Hrs.	DL?
Grd.		Grd.		Grd.	
Total Term Hours:		Total Term Hours:		Total Term Hours:	
0 0		0 0		0 0	

10. STUDENT INITIALS & DATE:		TERM 1:		TERM 4:		TERM 7:		TERM 10:	
(Have the student initial and date beside each term they have completed to indicate they have been counseled.		TERM 2:		TERM 5:		TERM 8:		TERM 11:	
		TERM 3:		TERM 6:		TERM 9:		TERM 12:	

OMB Control Number: 0702-XXXX  
OMB Expiration Date: XX/XX/XXXX

	TERM	YEAR	COURSE NUMBER (No.)	COURSE TITLE	COURSE CREDIT HOURS (Hrs)	ACHIEVED GRADES (Grd)	DISTANCE LEARNING (DL)	(CONTINUED)
11.								

Term:		Year:		
No.	Course Title	Hrs.	DL?	Grd.
Total Term Hours:		0	0	

Term:		Year:			
No.	Course Title	Hrs.	DL?	Grd.	
Total Term Hours:		0	0		

Term:		Year:			
No.	Course Title	Hrs.	DL?	Grd.	
Total Term Hours:		0	0		

Term:		Year:		
No.	Course Title	Hrs.	DL?	Grd.
Total Term Hours:		0	0	

Term:		Year:		
No.	Course Title	Hrs.	DL?	Grd.
Total Term Hours:		0	0	

Term:					
Year:					
No.	Course Title	Hrs.	DL?	Grd.	
Total Term Hours:		0	0		

Term:		Year:		
No.	Course Title	Hrs.	DL?	Grd.
Total Term Hours:		0		0

Term:						Year:	
No.	Course Title	Hrs.	DL?	Grd.			
Total Term Hours:		0	0				

Term:		Year:	
No.	Course Title	Hrs.	DL?
Total Term Hours:		0	0

☐ No (if no, list exceptions on reverse of this form).

Completion Date (Month, Year)

13. SIGNATURE OF STUDENT: \_\_\_\_\_

14. DATE: (MM/DD/YYYY)

**15. SIGNATURE OF REGISTRAR AND EXAMINER OF CREDENTIALS OR ROTC ADVISOR (OR OTHER INSTITUTION CERTIFYING OFFICIAL):**

16. DATE: (MM/DD/YYYY)

**PLANNED ACADEMIC PROGRAM WORKSHEET**

For use of this form, see USACC Pam 145-4, the proponent agency is ATCC-PAS

OMB Control Number: 0702-XXXX  
OMB Expiration Date: XX/XX/XXXX

**STATEMENT OF UNDERSTANDING**

We, the undersigned, hereby declare that the program outlined on the worksheet (on the reverse side of this statement) that

Cadet \_\_\_\_\_ is about to under take a formally structured program approved by \_\_\_\_\_ UNIV OF GUAM  
(FULL NAME, Last, First, MI) (Name of University or College)

designed to meet the requirements of a \_\_\_\_\_ degree; that the degree to be attained is the culmination of an  
(Type of Degree)

undergraduate college program of at least four years or graduate degree program of no more than two years; and that the remaining credit hours shown on the worksheet are necessary either to fulfill discipline requirements or to fulfill credit hour requirements, or both, for the attainment of the degree. If the Cadet is an ROTC Scholarship participant, the scholarship will be in force for the number of semesters indicated in Block 5.

IAW USACC Pam 145-4, the worksheet must be reviewed annually (at a minimum) for each contracted Cadet and revised, as necessary. The worksheet must be authenticated by an appropriate school academic official (academic advisor/counselor) when completed or revised. The PMS will review the worksheet with the Cadet each school term to monitor alignment/mission set and academic progress. This review will be noted on Cadet counseling records.

Any changes to this degree plan, adding/dropping classes, or change of major must first be discussed/approved with the PMS.

\_\_\_\_\_  
(Date) (MM/DD/YYYY)

\_\_\_\_\_  
(CADET SIGNATURE)

\_\_\_\_\_  
(Date) (MM/DD/YYYY)

\_\_\_\_\_  
(PROFESSOR OF MILITARY SCIENCE SIGNATURE)

## Instructions for Planned Academic Program Worksheet USACC 104-R

Reset Form button – erases the form.

1. Cadet's name and Cadet ID
2. Cadet's Academic Major. 2a. Only used for HQ STEM Scholarships. Not necessary for all other scholarships.
3. Date of form preparation or date of form update.
4. Select type of degree the Cadet is pursuing – Bachelors, Masters, or Associates (MJC Only).
5. Block 5 calculates how many scholarship terms the Cadet needs to graduate.

Dropdown: select appropriate term type and degree plan. NOTE: Making the correct selection is required for Block 5 to calculate correctly.

- a. Input the total hours required for the degree
    - 1) Input ROTC hours that are not included in the total for the degree.
    - 2) Populates the sum of 5a and 5a(1)
    - 3) Calculates the average number of hours required for each term based on the selection in the dropdown and the sum from 5a(2).
  - b. Input the number of credit hours the Cadet has completed (if any) to date at the school.
  - c. Input any transfer credits the school has accepted.
  - d. Calculates how many hours the Cadet has remaining for their degree.
  - e. Calculates the number of scholarship terms the Cadet needs to complete their degree based on calculations from 5a(3) and 5d.
6. Input the term GPA and the cumulative GPA for each term completed.
  7. Select the Cadet's Brigade, ROTC Program, and Academic School.
  8. Select Academic School's identification: If the academic school is the same as the Host School, select Host; If the academic school is not the Host School, select either Extension Unit or Cross-Town.
    1. Host – Academic School is the Same as Host School.
    2. Extension Unit – Academic School is a manned partner school.
    3. Cross-Town – Academic School is an unmanned partner school.NOTE: Cadet must take ROTC classes at Host school or nearest manned Extension Unit.
  9. Each group represents one term. Select the term from the dropdown: Fall, Winter (for quarter schools), Spring, or Summer; Select the year for the term selected; input the Course Number, Course Title, course Credit Hours, check the column for DL? if the class is online. Once the term is finished, input the grade received.
  10. Student should initial and date beside each term.
  11. Follow the instructions for #9 above.
  12. Verify that the courses listed above in #9 and #11 are required for the degree. Input the expected graduation date.
  13. Signature of Cadet.
  14. Date Cadet signed document.
  15. Signature of Registrar or ROTC advisor and other institution certifying official.
  16. Date certifying official signed document.
  17. Statement of Understanding. Cadet should read the Statement of Understanding and then sign and date; PMS should sign and date.

## DENTAL EXAM REQUIREMENTS

### University of Guam ARMY ROTC

#### CC PAM 145-4, Para 2-55: Dental Exam Requirements

a. Dental exams performed by a dentist are no longer required as part of the scholarship and Non-Scholarship medical exams due to a change in OSD policy in 2002.

b. Dental films for casualty identification purposes are required for all participants in the ROTC program who must use government-owned or government contracted transportation. The PMS is to ensure the Cadet's dental records contain sufficient documentation to aid forensic identification.

c. In addition to the above, DNA is obtained as part of the commissioning physical at CST advance Camp.

**MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION.** All data is mandatory. Individuals who do not provide this data will not be allowed to be transported on any government owned or contracted transportation, no exceptions(s) to this rule are allowed.

---

I certify that my dental representative listed below has on file in my dental records descriptive profiles, bite wing x-ray, orthodontic profiles or dental x-rays for me.

Cadet Name: \_\_\_\_\_

SSAN: \_\_\_\_\_ Dentist Phone (\_\_\_\_\_) \_\_\_\_\_

Name of Dentist: \_\_\_\_\_

Dentist Address: \_\_\_\_\_

\_\_\_\_\_

---

Cadet Signature	Date
-----------------	------

---

#### AUTHORIZATION TO RELEASE DOCUMENTS

I authorize my dentist, dental office, or medical treatment facility that is in possession of my dental records or other records with my descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays to release this information pertaining to these documents and copies of these items to the US Army ROTC or other Department of Defense Representative.

---

Cadet Signature	Date
-----------------	------



# RECORD OF EMERGENCY DATA

OMB No. 0704-0649  
Expires 02/28/2026

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 655, Designation of persons having interest in status of a missing member; 10 U.S.C. 1475, Death gratuity: death of members on active duty or inactive duty training and of certain other persons; 10 U.S.C. 1476, Death gratuity: death after discharge or release from duty or training; 10 U.S.C. 1477, Death gratuity: eligible survivors; 10 U.S.C. 1478, Death gratuity: amount; 10 U.S.C. 1479, Death gratuity: delegation of determinations, payments; 10 U.S.C. 1480, Death gratuity: miscellaneous provisions; 10 U.S.C. 1481, Recovery, care, and disposition of remains: decedents covered; 10 U.S.C. 1482, Expenses incident to death; 10 U.S.C. 2771, Final settlement of accounts: deceased members; 38 U.S.C. 1970, Beneficiaries; payment of insurance; DoDI 1304.02, Accession Processing Data Collection Forms; and DoDI 1300.18, DoD Personnel Casualty Matters, Policies, and Procedures.

**PRINCIPAL PURPOSES:** This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, mission or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or the death of the member.

**ROUTINE USES:** Disclosure of records are generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended. To federal, state, local, and foreign (within Status of Forces agreements) law enforcement agencies or their authorized representatives in connection with litigation, law enforcement, or other matters under the jurisdiction of such agencies. Additional Routine uses are listed in the following applicable system of records notices:

**Army:** <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570051/a0600-8-104b-ahrc/>; <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570052/a0600-8-104b-ngb/>

**Navy:** <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570310/n01070-3/>

**Marine Corp:** <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570626/m01070-6/>

**Air Force:** <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Article-View/Article/569821/f036-af-pc-c/>

**Coast Guard:** <https://www.federalregister.gov/documents/2008/12/19/E8-29793/privacy-act-of-1974-united-states-coast-guard-014-military-pay-and-personnel-system-of-records>

**DoD-wide:** <https://www.federalregister.gov/documents/2022/12/16/2022-27145/privacy-act-of-1974-system-of-records>

**DISCLOSURE:** Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

### INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

### INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death. It does not have a legal impact on other forms you may have completed with the DoD or your employer.

**IMPORTANT:** This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.

## SECTION 1 - EMERGENCY CONTACT INFORMATION

1. NAME (Last, First, Middle Initial)

2. DOD IDENTIFICATION NUMBER or SSN

3a. SERVICE/CIVILIAN CATEGORY

☒ ARMY ☐ NAVY ☐ MARINE CORPS ☐ DoD ☐ CIVILIAN ☐ CONTRACTOR  
☐ AIR FORCE ☐ SPACE FORCE

b. REPORTING UNIT CODE/DUTY STATION

University of Guam / W0CF20

3c. MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED

4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial)

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

c. PHONE NUMBERS (Home, Mobile, Other)

d. PREFERRED LANGUAGE

e. DoD AFFILIATION

5. CHILDREN

a. NAME (Last, First, Middle Initial)

b. RELATIONSHIP

c. DATE OF BIRTH

(YYYYMMDD)

d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

6a. PARENT ONE NAME (Last, First, Middle Initial)

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBERS (Home, Mobile, Other)

7a. PARENT TWO NAME (Last, First, Middle Initial)

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBERS (Home, Mobile, Other)

8a. STEP PARENT ONE (Last, First, Middle Initial)

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBERS (Home, Mobile, Other)



9a. STEP PARENT TWO (Last, First, Middle Initial)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBERS (Home, Mobile, Other)	
10a. DO NOT NOTIFY PERSON DUE TO THEIR ILL HEALTH		b. NOTIFY INSTEAD	
11a. DESIGNATED PERSON(S) (Military: Duty Status - Whereabouts Unknown Civilian: Excused Absence-Whereabouts Unknown)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
12. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)			
<b>SECTION 2 - BENEFITS RELATED INFORMATION</b>			
13a. BENEFICIARY(IES) FOR DEATH GRATUITY (Military only)	b. RELATIONSHIP	c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	d. PERCENTAGE
14a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES (Military only) NAME AND RELATIONSHIP		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	c. PERCENTAGE
15a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) (Military only) NAME AND RELATIONSHIP	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
16. CONTINUATION/REMARKS			
17. SIGNATURE OF SERVICE MEMBER/CIVILIAN (Include rank, rate, or grade if applicable)	18. SIGNATURE OF WITNESS (Include rank, rate, or grade as appropriate)	19. DATE SIGNED (YYYYMMDD)	

# PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

*This form is not an authorization or consent to use or disclose your health information.*

## 1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN):

10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. Chapter 55, Medical and Dental Care; 42 U.S.C. Chapter 32, Third Party Liability for Hospital and Medical Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); DoDI 6055.05, Occupational and Environmental Health (OEI); and E.O. 9397 (SSN), as amended.

## 2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:

Information may be collected from you to provide and document your medical care; determine your eligibility for benefits and entitlements; adjudicate claims; determine whether a third party is responsible for the cost of Military Health System (MHS) provided healthcare and recover that cost; evaluate your fitness for duty and medical concerns which may have resulted from an occupational or environmental hazard; evaluate the MHS and its programs; and perform administrative tasks related to MHS operations and personnel readiness.

## 3. ROUTINE USES:

Information in your records may be disclosed to:

- Private physicians and Federal agencies, including the Department of Veterans Affairs, Health and Human Services, and Homeland Security (with regard to members of the Coast Guard), in connection with your medical care;
- Government agencies to determine your eligibility for benefits and entitlements;
- Government and nongovernment third parties to recover the cost of MHS provided care;
- Public health authorities to document and review occupational and environmental exposure data; and
- Government and nongovernment organizations to perform DoD-approved research.

Information in your records may be used for other lawful reasons which may include teaching, compiling statistical data, and evaluating the care rendered. Use and disclosure of your records outside of DoD may also occur in accordance with 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at:

<http://dpcl.dod.mil/privacy/SORNsIndex/BlanketRoutineUses.aspx>.

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoD 6025.18-R. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

## 4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:

Voluntary. If you choose not to provide the requested information, comprehensive health care services may not be possible, you may experience administrative delays, and you may be rejected for service or an assignment. However, care will not be denied.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by MHS health care treatment personnel or for medical/dental treatment purposes and is intended to become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

5. SIGNATURE OF PATIENT OR SPONSOR

6. SOCIAL SECURITY NUMBER OR  
DOD IDENTIFICATION NUMBER  
OF MEMBER OR SPONSOR

7. DATE (YYYYMMDD)

# STATE OF LEGAL RESIDENCE CERTIFICATE

## PRIVACY ACT STATEMENT

**AUTHORITY:** 50 U.S.C 571, Residence for tax purposes and 37 U.S.C., Pay and Allowances of the Uniformed Services.

**PURPOSE:** Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.

**ROUTINE USES:** Additional routine uses are listed in the applicable system of records notices, T7340, Defense Joint Military Pay System-Active Component, and T7344, Defense Joint Military Pay System-Reserve Component are located at: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/DFAS-Article-List/>. M01040-3, Marine Corps Manpower Management Information System Records, located at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/>.

**DISCLOSURE:** Voluntary, however, if not provided, State income taxes will be withheld based on the tax laws of the applicable State, based on your home of record.

1. NAME (Last, First, Middle Initial)

2. DOD ID NUMBER

3. LEGAL RESIDENCE/DOMICILE (City or county and State)

## INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE

The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.

The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.

You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.

Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.

The formula for changing your State of legal residence/domicile is simply stated as follows: physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile. In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.

Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.

I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

4. SIGNATURE OF APPLICANT

5. CURRENT MAILING ADDRESS (Include Zip Code)

6. DATE (YYMMDD)



1. **AUTHORITY:** Title 10. U.S. Code 2102, as amended.
2. **PRINCIPAL PURPOSE(S):** A statement/agreement/contract releasing the U.S. Government its employees, agents and training partners from all liability for injury or death to persons, or damages to property, of any person who voluntarily elects to participate in any risky Army Training programs as defined herein.
3. **ROUTINE USES:** Normal Personnel Action. Disclosure of any information herein may be provided to any and all proper authorities for any lawful purpose, to include law-enforcement, litigation (legal actions as a result of injury or death, or property damage), and investigations of any incidents or accidents that might result from the participation of any individual in risky Army Training.
4. **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT OF FAILING TO PROVIDE THE REQUESTED INFORMATION:** Disclosure is voluntary. However, failure to complete this form and execute this contract will disqualify and prevent individual participation in any risky Army Training activities.

---

**ARMY SENIOR ROTC/JUNIOR ROTC  
CONTRACT OF INDEMNIFICATION AND RELEASE/WAIVER OF LIABILITY**

(Not To Be Used For/By Senior ROTC Enrolled but not contracted Cadets or Senior ROTC Contracted Cadets)

---

I, \_\_\_\_\_, ("Participant/Releasor"), acknowledge and agree that I have voluntarily applied to participate in ROTC/JROTC military-style training activities ("Army Training"), which may include any of the following risky events: rock climbing, rappelling, sports or athletic events (which may involve rigorous exercise), rope climbing (includes any event involving a rope that is not specifically described), and similar such activities;

**II. I AM AWARE, ACKNOWLEDGE, AFFIRM AND AGREE THAT:**

- i. **MY PARTICIPATION IN ANY RISKY ARMY TRAINING IS COMPLETELY AND STRICTLY VOLUNTARY;**
- ii. **THE ARMY TRAINING ACTIVITIES IN WHICH I VOLUNTARILY CHOOSE TO PARTICIPATE AFTER SIGNING THIS WAIVER ARE RISKY AND INHERENTLY DANGEROUS;**
- iii. **THE INHERENT HAZARDS OF SUCH ACTIVITIES COULD CAUSE BOTH MINOR AND SERIOUS INJURIES OR EVEN DEATH;**
- iv. **I VOLUNTARILY CHOOSE TO PARTICIPATE IN RISKY ARMY TRAINING ACTIVITIES WITH FULL KNOWLEDGE (AND ACCEPTANCE OF) ALL THE INHERENT AND/OR OBVIOUS AND/OR UNKNOWN RISKS AND/OR DANGERS INVOLVED;**
- v. **I ASSUME ANY AND ALL RISKS OF AND RESPONSIBILITY FOR ANY BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN, UNKNOWN, FORESEEABLE OR UNFORSEEABLE;**
- vi. **I AM IN GOOD HEALTH AND THAT I HAVE NO MEDICAL OR PHYSICAL CONDITIONS THAT CAN, WILL OR MIGHT PREVENT MY SUCCESSFUL PARTICIPATION IN ANY TRAINING ACTIVITIES;**
- vii. **I AM PRESENTLY COVERED BY ADEQUATE HEALTH AND/OR LIFE INSURANCE POLICIES THAT WILL INSURE AND COVER ANY INJURIES OR DEATH, AND RELATED COSTS/EXPENSES THAT I MIGHT SUFFER WHILE PARTICIPATING IN ANY ARMY TRAINING ACTIVITIES;**
- viii. **WHEN IN DOUBT, CONFUSED OR UNCERTAIN ABOUT ANY ARMY TRAINING OR MY RESPONSIBILITIES AS A PARTICIPANT IN ANY ARMY TRAINING, I WILL ASK AS MANY QUESTIONS AS NECESSARY TO ENSURE THAT I UNDERSTAND THE ARMY TRAINING, WHAT IS EXPECTED OF ME AS A PARTICIPANT IN THAT ARMY TRAINING AND WHAT I AM DOING IN THAT ARMY TRAINING;**
- ix. **IF I DO NOT ASK ANY QUESTIONS, THAT IT IS AND WILL BE PRESUMED THAT I AM AWARE OF WHAT IS EXPECTED FROM ME AS A PARTICIPANT AND THAT I AM READY, WILLING, ABLE AND QUALIFIED, MENTALLY, EMOTIONALLY, AND PHYSICALLY, TO PARTICIPATE IN THAT ARMY TRAINING;**
- x. **I WILL COOPERATE WITH ANY AND ALL ARMY TRAINING BY FOLLOWING ALL INSTRUCTIONS/DIRECTIONS AND WILL REPORT ANY UNSAFE ACTS;**
- xi. **FAILING TO COOPERATE BY IGNORING OR FAILING TO FOLLOW INSTRUCTIONS/DIRECTIONS AND/OR REPORT ANY UNSAFE ACTS COULD RESULT IN BOTH MINOR AND/OR SERIOUS INJURIES, AS WELL AS DEATH; AND**
- xii. **IF I FAIL TO COOPERATE IN ANY ARMY TRAINING BY REFUSING TO OR NOT FOLLOWING ALL THE DIRECTIONS/INSTRUCTIONS OF THE RELEASEES, OR FAIL TO REPORT UNSAFE ACTS, I MAY BE EJECTED FROM THE TRAINING SITE/FACILITY AND DENIED THE OPPORTUNITY TO PARTICIPATE IN FURTHER/FUTURE ARMY TRAINING.**

**III. Release Of All Claims and Rights:**

- a. In consideration of and for being permitted to participate in any risky Army Training by the U.S. Army and/or any agency or employee

# ARMY SENIOR ROTC/JUNIOR ROTC

## CONTRACT OF INDEMNIFICATION AND RELEASE/WAIVER OF LIABILITY

(Not To Be Used For/By Senior ROTC Enrolled but not contracted Cadets or Senior ROTC Contracted Cadets)

of the U.S. Government ("U.S.G."), and/or any owner of any premises ("Lessor") on which any Army Training occurs, and/or the owner of any equipment or facilities ("Affiliated Individuals or Organizations") used as part of any Army Training: **I, the Participant/Releasor, or the Parent/Guardian thereof, on both my behalf and that of the Participant/Releasor, do hereby forever release the U.S.G., the Lessor, and/or any Affiliated Organizations, and/or their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively the "Releasees") from any and all actions, suits, claims, or demands that I, or my child/ward or my/their assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to:**

- i. my participation in any Army Training activities; and/or
  - ii. the negligence and/or other acts by any Releasee, whether directly or indirectly connected to any Army Training activities, however caused; and/or
  - iii. the condition of the premises/location where any Army Training in which I participated occurred, and/or the condition of the equipment used, regardless of whether I am or was participating in the activities at the time the injury/death occurred, and/or at any other time, such as when the injury/death manifests itself at a later date/time/place.
- b. I further affirm and agree that I, on my behalf (or that of my child/ward) and on behalf of my/their assignees, heirs, legatees, distributees, guardians, next of kin, spouse and/or legal representatives, do hereby forever waive any and all rights I or my child/ward might have to make a claim against, sue, or attach the property, personal or public, of any Releasee in connection with any of the matters covered by this release.

IV. Indemnification Clause: I agree that I will fully indemnify the U.S.G., the Lessor, and/or any Affiliated Organizations, and/or their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively the "Releasees") in the event of any loss whatsoever that they might or do incur, collectively or individually, as a result of any and all claims that might or will be brought against them by me, my child/ward and/or my/their assignees, heirs, legatees, distributees, guardians, next of kin, spouse and/or legal representatives.

V. Complete Document Clause: I agree that this is the complete and full sum and substance of my agreement/contract with U.S.G., the Lessor, and/or any Affiliated Organizations, and/or their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively the "Releasees") and that no other evidence of any type, nature, or form from outside this instrument can or will be used to resolve any disputes arising under this instrument. All such disputes will be resolved by an interpretation that effectuates the parties' agreement, *to-wit*: I was allowed to participate in any Army Training in exchange for my releasing all rights and claims I might have for injuries arising out of or from my participation in any Army Training.

VI. Choice of Law and Forum Selection Clause: I agree that any and all claims and/or litigation arising from or out of my participation in any risky Army Training will be governed by the laws of the State of Kentucky, and will only be brought in the appropriate forum within the Western District of Kentucky, the location of the HQ, U.S. Army Cadet Command.

**I AFFIRM AND AGREE THAT I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT ALLOWING MY OR MY CHILD/WARD'S PARTICIPATION IN RISKY ARMY TRAINING, AS WELL AS A CONTRACT OF INDEMNIFICATION BETWEEN MYSELF (AND ON BEHALF OF MY CHILD/WARD) AND THE COLLECTIVE RELEASEES AND I SIGN IT KNOWINGLY, VOLUNTARILY AND OF MY OWN FREE WILL (AND/OR ON BEHALF OF BOTH MYSELF AND MY MINOR CHILD/WARD), AND/OR I (OR MY MINOR CHILD/WARD) ASSUME ANY AN ALL RISKS OF AND LIABILITY FOR ANY INJURY OR DEATH ASSOCIATED WITH OR ARISING FROM MY/THEIR PARTICIPATION IN ANY ARMY TRAINING ACTIVITIES AS A CONSEQUENCE OF SIGNING THIS FORM.**

**If Signed by Parent or Guardian:** I verify, affirm and acknowledge that the risks and dangers of the Army Training and the significance of this Indemnification, Release and Waiver were explained to both myself and/or the Participant/Releasor, to my/our satisfaction, and that both I and the Participant/Releasor understand and consent to assuming those risks, and that the I and/or the Participant/Releasor is in generally good health and physically, mentally, and emotionally capable of successful cooperating in and completing any Army Training.

Executed at \_\_\_\_\_, \_\_\_\_\_ State \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ Day/Month \_\_\_\_\_ Year \_\_\_\_\_

### PARTICIPANT/RELEASOR AGREEMENT

Printed Name \_\_\_\_\_ Age \_\_\_\_\_  
Signature \_\_\_\_\_  
Address: \_\_\_\_\_

### PARENT/GUARDIAN AGREEMENT

(Required if Participant/Releasor is a minor)

Printed Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Address: \_\_\_\_\_

**IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, PARTICIPANT'S PARENT OR GUARDIAN MUST SIGN THIS FORM WHERE INDICATED.**

### AUTHORIZED AGENT OF THE RELEASEES:

Printed Name: \_\_\_\_\_ Position/Duty Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MUST BE AN ACTIVE DUTY ROTC CADRE MEMBER)

### SPECIAL INSTRUCTIONS:

THIS IS A LEGAL DOCUMENT. THE ORIGINAL, SIGNED CONTRACT INSTRUMENT MUST BE PRINTED ON BOTH SIDES OF A SINGLE SHEET TO PREVENT LOST OR SEPARATED PAGES. COPIES OF THE ORIGINAL MAY BE MADE ON TWO SINGLE-SIDED SHEETS.