

RAMTEC-21

(Regional Aerospace Meet to Encourage Competition)
NRC Sanctioned Launch

Hosted by **SPAAR #503** - Southern Pennsylvania Area Association of Rocketry

Date: Saturday, September 1 and Sunday, September 2, 2018

Location: West Field and Training Area 01, Fort Indiantown Gap, Annville, PA

Events: 1/4A Parachute Duration, 1/4A Helicopter Duration, B Eggloft Duration, C Eggloft Altitude - Altimeter, Parachute Spot Landing.

Awards: First Place in Divisions A, B, C and D (Adult Teams) and ribbons for 1st thru 4th place in each event.

Entry Fee: A/B Division \$5.00, C Division & D Division \$10.00, \$25 Max entry fee for families
Entry fee includes contest and sport flying.

The range is open Saturday from 9AM to 5PM and Sunday from 9AM to 2PM. Contest events and all NRC Events may be flown either Saturday or Sunday. Weighed and measured eggs will be supplied for the egglofting events. A separate sport range will be open both days. Flights are limited to 53 ounces liftoff weight with no more than 4.4 ounces of propellant or 320 N-Sec of total impulse. No high power flights are permitted.

All contestants must present, on request, their current NAR card as proof of membership. Models will only be launched by the designated launch officer. All flights will be subject to flight clearance by FIG Range Control, and the RAMTEC Range Safety Officer and/or Launch Control Officer.

Please complete a contest entry form below for each competitor. Also a Hold Harmless Agreement for each person that will be attending, whether flying or observing must be completed. This is a Government requirement. Without this in hand you **will not** be allowed to set foot on "The Gap" property. Sign as necessary and mail with your entry fee payable to: Glenn Feveryear, 1512 Hillside Dr, Bel Air, MD 21015. You may also register on site. Return only the bottom portion of this letter and the necessary Release and Hold Harmless Agreement(s). Retain the upper portion for your reference.



CONTEST ENTRY CARD

NAME / TEAM NAME

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

DATE OF BIRTH

DIVISION
(circle)

A

B

C

D

NAR #

TEAM #

COMMENTS

RAMTEC- 21
Fort Indiantown Gap
Annville, PA
September 1 & 2, 2018
www.spaar.org/ramtec

Directions:

From the South and West

Travel on I-81 to the Grantville exit, #80;
Go South to US Route 22, Allentown Blvd,
Turn left onto East US Route 22,
At Harrison School Road, turn left,
Proceed to the field on the left.

From the East and North

Travel on I-81 to the Fort Indiantown Gap Exit,
Go South on PA 934 to US Route 22,
Go West on US Route 22 approx 8/10ths of a mile,
Turn right onto Harrison School Road,
Proceed to the field on the left.

APPENDIX R

General Release Statements

General Liability Statement

In consideration for receiving permission to participate in activities at Fort Indiantown Gap, Pennsylvania (FTIG), I hereby **FULLY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS**, for any and all purposes, FTIG, U.S. Army, Department of Defense, Commonwealth of Pennsylvania and their respective officers, servants, agents, volunteers and employees (collectively, the "Released Parties"), of and from any and all liability to me, my personal representatives, assigns, heirs and next of kin, for any damage to or loss of my property, any injury to my person, including death, arising directly or indirectly out of my participation in the activities, **INCLUDING ANY SUCH DAMAGE, LOSS OR INJURY THAT IS CAUSED BY ANY ACT OR OMISSION ON THE PART OF THE RELEASED PARTIES**. I further agree to **INDEMNIFY, DEFEND, AND HOLD HARMLESS** the Released Parties for, from, and against any and all liabilities, damages, claims, lawsuits, costs (including court costs, attorneys' fees and costs of investigation), and actions of any kind or description for any damage to or loss of property or injury to persons, including death, arising out of the activities at FTIG or my participation in the activities, **INCLUDING ANY DAMAGE, LOSS OR INJURY CAUSED BY ANY ACT OR OMISSION ON THE PART OF THE RELEASED PARTIES, INCLUDING ANY NEGLIGENT CONDUCT OF THE RELEASED PARTIES** but excluding any gross negligence or willful misconduct of the Released Parties.

By execution below **I HEREBY ACKNOWLEDGE** that there are inherent risks involved in this Volunteer Program and **I RECOGNIZE AND ASSUME** all of the risks associated with participation in the activities at FTIG. **I ACKNOWLEDGE THAT IT IS IMPORTANT THAT I VERIFY THAT I HAVE INSURANCE COVERAGE WHICH EXTENDS TO ME WHILE PARTICIPATING IN THE ACTIVITIES, AND THAT I SECURE SUCH COVERAGE IF I DO NOT ALREADY HAVE IT**. I understand that FTIG does not provide such coverage, and that no insurance coverage may exist through FTIG to cover any injuries or damages which I may sustain or claims which may arise as a result of my participation in the activities at FTIG.

Important Information

FTIG has been in use by the military for about 77 years. All different types of training occurred all over this land. Finding, stepping or driving on a Unexploded Ordnance (UXO) is possible. You, as the user, must always be alert to your surroundings.

Media Release

I give FTIG the right to use my name, my still photo or video image, or my words (audio or text-based) in any media, for purposes of evaluation, activities, research, promotion, marketing, recruiting, fund raising, exhibits or any other lawful purpose. I waive any right to inspect or approve the use of any hard copy or electronic record that may appear in connection with such use. This release is for worldwide use.

***Privacy Act and Policy**

All participants of activities at FTIG, technical assistance, and exercises are advised that disclosure of a full Social Security Number (SSN) is optional. A participant's SSN or personal information will not be disclosed to any other person(s) without the participant's prior written consent. Personal data is solicited under Authority 10 USC 3012 and Army Regulation (AR) 27-40.

Acknowledgement

I acknowledge and represent that I have read the foregoing, understand it and sign it voluntarily as my free act and deed; no representations or statements have been made to me to induce me to execute this document. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

Activity: _____

Location(s): _____

Signature: _____ Date: _____
MM/DD/YYYY

Printed Name: _____

Person to notify in case of emergency: _____

Relationship: _____ Telephone or Cell No. with area code: _____

APPENDIX R1

General Release Statements

Declaration (child):

My child desires to participate in the activities stated above at his/her own risk. I state that my child is in good health, physically fit to participate in this activity and has no known medical condition which could jeopardize his/her safety during participation in this activity or be aggravated by such participation.

Acknowledgement

I acknowledge and represent that I have read the foregoing, understand it and sign it voluntarily as my free act and deed; no representations or statements have been made to me to induce me to execute this document. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

Name of Child: _____ Age: _____

Relationship to Child: _____

Signature of Parent/Guardian: _____ Date: _____
MM/DD/YYYY

Printed Name: _____

Cell No. with area code: _____

Declaration (vehicle):

I authorize the use of my privately owned vehicle in a training event at FTIG. The use of my privately owned vehicle by my unit and the Pennsylvania National Guard is undertaken at my own risk.

Acknowledgement

I acknowledge and represent that I have read the foregoing, understand it and sign it voluntarily as my free act and deed; no representations or statements have been made to me to induce me to execute this document. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

Signature: _____ Date: _____
MM/DD/YYYY

Printed Name: _____

Vehicle Make and Model: _____ Year: _____

Insurance Carrier: _____

Cell No. with area code: _____