



UNITED STATES MARINE CORPS
MARINE AIR GROUND TASK FORCE TRAINING COMMAND
MARINE CORPS AIR GROUND COMBAT CENTER
BOX 788100
TWENTYNINE PALMS, CALIFORNIA 92278-8100

1533
G-3/5
DEC 01, 2025

LETTER OF INSTRUCTION 35-25

From: Commanding General
To: Distribution List

Subj: YUCCA VALLEY HIGH SCHOOL MARINE CORPS JUNIOR RESERVE OFFICERS
TRAINING CORPS VISIT 4 DECEMBER 2025

Ref: (a) MCO 1533.6E
(b) CCO 3500.4M

Encl: (1) Yucca Valley High School JROTC Roster
(2) Yucca Valley High School JROTC Itinerary/Schedule
(3) Hold Harmless Agreement
(4) Civilian Medical Treatment Form

1. Situation. The Yucca Valley High School (YVHS) Marine Corps Junior Reserve Officers Training Corps (MCJROTC) will visit the Marine Corps Air Ground Task Force (MAGTF) Training Command (MAGTFTC), Marine Corps Air Ground Combat Center (MCAGCC) on 4 December 2025, in order to provide their cadets an orientation of the United States Marine Corps per chapter 5, paragraph 9 of reference (a).

2. Mission. Coordinate and support the YVHS MCJROTC visit aboard MAGTFTC MCAGCC on 4 December 2025.

3. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. Provide the cadets with the opportunity to practice their marksmanship at the Marksmanship Training Unit, Indoor Simulated Marksmanship Trainer (ISMT). This event serves as an opportunity to build upon community relations by welcoming a group of young cadets, who are already inclined to consider a career in military service, and allow them the opportunity to learn and practice basic marksmanship fundamentals in a safe environment.

(2) Concept of Operations. The estimated attendance will be 65 cadets (age range 15-17 years old), and 3 adult staff members, see enclosure (1). A finalized roster will be submitted no later than seven days prior to the visit. Enclosure (2) is the complete itinerary for the visiting group.

b. Subordinate Element Missions

(1) Assistant Chief of Staff (AC/S), G-3/5 MAGTF Training

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.

LETTER OF INSTRUCTION 35-25

- (a) Plan and coordinate the training.
- (b) Schedule the required elements of the itinerary in accordance with enclosure (2).
- (c) Provide cadet personnel rosters to AC/S, G-4 and Mission Assurance.
- (d) Provide driver information to the Provost Marshal's Office.
- (e) Collect the Hold Harmless Agreements from the MCJROTC unit; see enclosure (3).
- (f) Reserve the MTU ISMT and ensure proper instructor-staff support is available to support a shoot of simulated small-arms weapon systems.

(2) AC/S, G-4 Installation Support. Coordinate with Littleton Dining Facility to provide the cadets the requested meal during the date and time required per the enclosure. Arrange for the appropriate tables to be set aside for the group.

(3) Mission Assurance. Verify YVHS MCJROTC students against authorized access roster and provide vehicle access for one bus on 4 December 2025.

c. Coordinating Instructions

(1) Safety

(a) In the event of an emergency situation or accident the YVHS MCJROTC Escort Officer, Mr. Scott Campbell, G-3/5 Deputy Operations Officer, will notify the MAGTFTC Command Duty Officer in accordance with reference (b).

(b) The MCJROTC cadets may be treated at Bush Naval Hospital, Twentynine Palms (NHTP). Any medical services incurred will be billed to their non-Tricare insurance via enclosure (4).

(c) The MCJROTC unit must conduct Risk Management for all activities in accordance with reference (b).

(d) The training must be accomplished in strict compliance with established safety guidance. Cadets must have constant instructor supervision per reference (b).

(2) Transportation. The MCJROTC unit will use one bus to transport the cadets and staff throughout the Combat Center.

(3) Hold Harmless Agreements

(a) Non-Department of Defense civilians must sign the MAGTFTC MCAGCC Hold Harmless Agreement prior to any training aboard the Combat Center; see enclosure (3).

LETTER OF INSTRUCTION 35-25

(b) Each cadet's parents or legal guardians must sign the MAGTFTC MCAGCC Hold Harmless Agreement prior to any training aboard the Combat Center, enclosure (3).

4. Administration and Logistics. Directives issued by this Headquarters are published and distributed electronically. Electronic versions of Combat Center letters of instructions (LOI) can be found at <https://www.29palms.marines.mil/Staff-Offices/Resource-Management-Directorate/Adjutant/#combat-center-loi-library>.

5. Command and Signal

a. Command

(1) The MAGTFTC MCAGCC Action Officer's for this event are Major Brant Esprit at (760) 830-1827 or brant.esprit@usmc.mil and Mr. Scott Campbell (760) 830-1882 or scott.t.campbell@usmc.mil.

(2) The senior YVHS staff member is CW03 Christian Gonzales, U.S. Marine Corps (Ret.), Phone: (760) 365-3391; Cell: (760)213-0069; or christiangonzales@morongousd.org.

(3) This LOI is applicable to active duty and civilian personnel participating in or supporting this event.

b. Signal. This LOI is effective the date signed.



M. H. LINGAN

DISTRIBUTION: A

Yucca Valley High School

ISMT 29 Palms

Adult Personnel

CWO-3 Christian Gonzales (Ret)

MCJROTC Cadets

Last Name	First Name	Student ID #
Biorato	Calypso	560090737
Castleman	Cael	560080213
Childress	Lucas	550019274
Griffith	Gavin	560071853
Hale	Brody	560072357
Henriquez Garcia	Josue	560073266
Hollingshed	Ethan	560072421
Morales	Leviticus	560081525
Pena	Ramses	560072126
Rich	Cole	560071974
Rodriquez	Jacob	560090230
Rohr	Jeremiah	560090291
Tiffany	Kyle	560072094
Carroll	Liam	560072342
Danielson	Logan	550019322
Duran	Logan	560067586
Harper	Ariah	560072293
Hollingshed	Gabriel	560072422
Moore	Sammie	560090596
Morales	George	560074985
Nash Lake	Brandon	550019052
Perry	Emily	560067930
Rico	Gabriel	560082711
Rohr	Barrett	560092976
Schmidt	Michel	560072044
Shovey	Cory	560071944
Snider	Ethan	560069030
Underwood	Christian	560067564
Clutter	Nicholas	560077302
Elman	Mitchael	560081956
Flanders	Jackson	560073720
Haahr	Logan	560073265
King	Ronin	560075659
Pajnich	Jacob	560075601
Parrett	Bryce	560074253
Parvin	Miah	560093017

YUCCA VALLEY HIGH SCHOOL MCJROTC VISIT

Visit Schedule – (MCAGCC)

Thursday – 4 December 2025

Time	Event	Location	Who	Support
0700	Depart YVHS	Yucca Valley, CA	MCJROTC Cadets	Chartered Bus
0745	Arrive	Main Gate, MCAGCC	MCJROTC Cadets	PMO
0800 - 1100	Arrive	MTU ISMT	MCJROTC Cadets	AC/S G-3 / MTU
1100	Depart MTU ISMT	MTU ISMT	MCJROTC Cadets	Chartered Bus
1130 - 1230	Lunch	Littleton Dining Facility	MCJROTC Cadets	AC/S G-4 ISD
1230	Depart	Littleton Dining Facility	MCJROTC Cadets	Chartered Bus
1345	Arrive YVHS	Yucca Valley, CA	MCJROTC Cadets	Chartered Bus

HOLD HARMLESS AGREEMENT

Visiting the training areas is a valuable physical, social and educational opportunity. The signature at the bottom of this Hold Harmless Agreement is an acknowledgement by the participant or, by their appropriate parent or legal guardian if that participant is under the age of eighteen (18), that the visit carries with it risks from extreme heat, lack of water and poisonous and carnivorous life forms, isolation, slipping, falling, falling building parts, cuts and abrasions from sharp edges and objects, subsequent infections, fire, electrical shock, hazardous and/or toxic waste and substances, explosives, military ordnance and projectiles, and explosive conditions. I understand these risks create the possibility of permanent, disfiguring, disabling injury, or death.

In consideration of participation in the visit to the Marine Corps Air Ground Combat Center (MCAGCC), I agree to release the United States, the U.S. Marine Corps, Marine Air Ground Task Force Training Command, (MAGTFTC), MCAGCC, Twentynine Palms, California (29PALMS), and any other partners, agents, employees, Service Members and agencies from any liability arising from the visit.

I consent to relieve the United States, the U.S. Marine Corps, MAGTFTC, MCAGCC 29PALMS, and any of their partners, agents and agencies from any duty of care they owe to me, and I agree to my chances of injury or death from the risks inherent in this visit. I agree that neither the United States, the U.S. Marine Corps, MAGTFTC, MCAGCC 29PALMS, nor any of their partners, agents, employees, Service Members and agencies will protect me against any of the risks inherent in this visit. I am aware of the risks inherent in this visit, and I am voluntarily encountering those risks.

I will never prosecute or assist in prosecuting any civil action against the United States, the U.S. Marine Corps, MAGTFTC, MCAGCC 29PALMS, or any of their partners, agents, employees, Service Members and agencies for any liability arising from any claim arising from this visit.

I know consulting with an attorney before reaching this agreement is prudent. I have had a full and fair opportunity to consult an attorney about this agreement, and I waive the further advice of counsel.

I have considered purchasing insurance for this activity. I agree that neither the United States, the U.S. Marine Corps, MAGTFTC, MCAGCC 29PALMS, nor any of their partners, agents, employees, Service Members and agencies will insure me.

This agreement is binding on all persons and entities claiming by, through, for, or on account of their relation to me, including but not limited to my heirs, successors and assigns.

I sign this agreement voluntarily and of my own free will. No one has forced or coerced me in any way to sign this agreement.

Participant Printed Name	Participant Signature	Date
--------------------------	-----------------------	------

If participant under eighteen years old, a parent/legal guardian must sign:

Parent/Legal Guardian Printed Name	Parent/Legal Guardian Signature	Date
------------------------------------	---------------------------------	------

THIRD PARTY COLLECTION PROGRAM/MEDICAL SERVICES ACCOUNT/ OTHER HEALTH INSURANCE			OMB No. 0720-0055 OMB approval expires December 31, 2026
https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2569.pdf (Read Privacy Act Statement before completing this form.)			
The public reporting burden for this collection of information is estimated to average 4 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. RETURN COMPLETED FORM TO REQUESTING MILITARY TREATMENT FACILITY.			
PRIVACY ACT STATEMENT			
AUTHORITY: 10 U.S.C. 1079b, Procedures for charging fees for care provided to civilians; retention and use of fees collected; 10 U.S.C. 1095, Health care services incurred on behalf of covered beneficiaries; Collection from third-party payers; 42 U.S.C. Chapter 32, Third Party Liability For Hospital and Medical Care; and E.O. 9397 (SSN), as amended. PURPOSE: DD Form 2569 collects individual's information to assist the Department of Defense ("DoD") in its recovery from third parties for medical care provided to an individual in a Military Treatment Facility. ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended, these records may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. § 552a(b)(3) as follows: to commercial insurance carriers and third parties involved in support of DoD's collection activities for health care provided; to the Departments of Treasury, Veterans Affairs, and Homeland Security for reimbursement of DoD provided medical services; to other persons or organizations who may be liable for payment of DoD provided health care and medical services; to data clearinghouses and insurance carriers related to converting medical and pharmacy claims to an industry-wide format related to payment of claims. For additional details as to routine uses and exceptions to the DoD Blanket Routine Uses, see the below hyperlinked SORN. APPLICABLE SORN: EDHA 12, Third Party Collection System (July 15, 2016; 81 FR 46069) https://dpold.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570677/edha-12/ DISCLOSURE: Voluntary. If you choose not to provide the requested information, no penalties will be imposed; however, failure to provide complete and accurate information may result in disqualification for health care services.			
PATIENT INFORMATION			
1. PATIENT NAME (Last, First, Middle Initial)		2. SSN OR DOD ID NUMBER	3. DATE OF BIRTH (YYYY/MM/DD)
4. MAILING ADDRESS (Include ZIP Code)		5. HOME TELEPHONE NO. ()	
		6. SPONSOR/GUARANTOR SSN	
INSURANCE INFORMATION			
7. ARE YOU ELIGIBLE FOR VETERANS AFFAIRS BENEFITS?			
<input type="checkbox"/> a. YES. (If you have an insurance card (e.g., Veterans Health Identification Card (VHIC), Veterans Choice Card), that can be copied or scanned by the MTF representative, please provide it and proceed to Item 8; otherwise, please complete items 7.a.(1) through (5) below.)			
(1) Member ID		(2) Plan ID	(3) Expiration Date (YYYY/MM/DD)
(4) VA Facility Name (e.g., primary care/specialty clinic) that assists in coordinating your care			
(5) VA Facility Address and Telephone Number ()			
<input type="checkbox"/> b. NO. (Proceed to Item 8.)			
8. DO YOU HAVE OTHER HEALTH INSURANCE? (This includes employer health insurance benefits, other commercial health insurance coverage, and Medicare Supplement.) PLEASE ATTACH COPY OF INSURANCE CARD.			
<input type="checkbox"/> a. YES. (Complete Item 9 and the remaining sections below.)			
<input type="checkbox"/> b. NO, I am a DoD beneficiary and rely solely on TRICARE, Medicare, or Medicaid. (Proceed to Item 13.)			
<input type="checkbox"/> c. NO, but I am not a DoD beneficiary. (Proceed to Item 12.)			
9. PRIMARY MEDICAL INSURANCE INFORMATION. If you have an insurance card that can be copied or scanned by the MTF representative, please provide it and proceed to Item 11; otherwise, please complete the blocks below.			
a. NAME OF POLICY HOLDER (Last, First, Middle Initial)		b. DATE OF BIRTH (YYYY/MM/DD)	c. RELATIONSHIP TO POLICY HOLDER
d. POLICY HOLDER'S EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER		e. INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER	
f. MEMBER ID	g. POLICY ID	h. GROUP POLICY ID	i. GROUP PLAN NAME
j. ENROLLMENT/PLAN CODE	k. INSURANCE TYPE	l. POLICY EFFECTIVE DATE (YYYY/MM/DD)	m. POLICY END DATE (YYYY/MM/DD)
n.(1) Pharmacy (Rx) Insurance Company Name, Address and Telephone Number			
(2) Rx Policy ID		(3) Rx Bin Number	(4) Rx PCN Number