

YOUTH OUTDOORS SKILLS DAY REGISTRATION AND WAIVER FORM

Participant #1's Name: _____ Date of Birth: _____

Street: _____

City: _____ State: _____ Zip: _____ Phone: _____

Participant #2's Name: _____ Date of Birth: _____

Street: _____

City: _____ State: _____ Zip: _____ Phone: _____

Participant #3's Name: _____ Date of Birth: _____

Street: _____

City: _____ State: _____ Zip: _____ Phone: _____

Participant #4's Name: _____ Date of Birth: _____

Street: _____

City: _____ State: _____ Zip: _____ Phone: _____

Parent or Guardian must read and sign the Release, Waiver and Assumption of Risk Agreement on this form:

INDEMNIFICATION, RELEASE, WAIVER AND ASSUMPTION OF RISK AGREEMENT

The Minor and the Parent/Guardian (on behalf of Parent/Guardian and Minor) waive for themselves and their executors, administrators, assignees or heirs, and any all rights and claims for damage, losses, demands and any other actions whatsoever they may have or which may arise against the Ohio Sportsmen & Farmers League, Chippewa Trapshooting Club, Highlander Sportsman's Club, Whitetails Unlimited, Safari Club International, NWTF, Cuyahoga Falls Walleye Assoc., Ohio State Trappers Assoc., Ohio Division of Wildlife, and any and all staff and volunteers of the Youth Outdoors Skills Day, including but not limited to any and all injuries, damages or illnesses suffered by Minor and/or Parent/Guardian, or related to or be connected with the Youth Outdoor Skills Day. The Minor and Parent/Guardian on behalf of themselves and their executors, administrators, assignees or heirs, hereby expressly indemnify, release and discharge the Ohio Sportsmen & Farmers League, Chippewa Trapshooting Club, Highlander Sportsman's Club, Whitetails Unlimited, Safari Club International, NWTF, Cuyahoga Falls Walleye Assoc., Ohio State Trappers Assoc., Ohio Division of Wildlife and any and all staff and volunteers of the Youth Outdoors Skills Day from any and all such claims.

The Minor and the Parent/Guardian (on behalf of Parent/Guardian and Minor) hereby expressly assume the risk of entering the Premises and of taking part in activities which include, but are not limited to, the discharge of firearms and firing of live ammunition.

The Minor and the Parent/Guardian (on behalf of Parent/Guardian and Minor) consent to the use of any photographs for the purpose of promotion, publicity and news coverage of this event.

PARENT/GUARDIAN ON BEHALF OF THEMSELVES AND THE MINOR(s):

Signature of Parent/Guardian: _____

Print Name: _____ Date: _____

Mail completed form and \$5 Reservation Fee per participant (refunded at event sign-in) to:

Harvey Bechtel
14885 Clinton Rd
Dovlestown, Ohio 44230