

Oklahoma Youth Hunting and Shooting Program
Parent/Guardian Release and Waiver

THIS IS A LEGAL DOCUMENT THAT MAY AFFECT YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

I, _____, by my signature below, represent that I am the parent or guardian of _____ (hereinafter "child" or "youth"). I understand that my child has been accepted to the Oklahoma Youth Hunting and Shooting Program (hereinafter "Program") for purposes of attending a hunting activity. I understand that there are risks and dangers inherently involved in such activities. By my signature below, I agree to accept the risk that my child could sustain personal injury or injury to his or her property as associated with the hunting and shooting activities. I agree that I, or the adult accompanying my child on my behalf, are also subject to risks and dangers inherent in hunting and shooting activities. By my signature below, I also accept these risks and obligations as delineated in this document on my own behalf.

I also certify that my child is _____ years of age and that I will accompany my child personally, or if I am not able to do so, he or she will be accompanied by an adult that I trust to supervise my child on my behalf. I understand that I, or the adult accompanying my child on my behalf, is solely responsible for supervising my child at all times and that the Program does not assume any responsibility for the supervision of my child. I understand that if I, or the adult accompanying my child on my behalf, become unwilling or unable to supervise my child at any time, my child may be denied participation in some or all of the activities that occur during the Program-sponsored event.

I furthermore agree that on behalf of myself, my heirs, administrators and assigns, to release, indemnify and hold harmless the Program and its servants, agents, officers and officials from any and all damages, claims, demands and causes of action of any kind, for any injury that my child sustains to his or her person or property during the child's participation in the Program's activities. I furthermore agree that the Program, its servants, agents, officers and officials shall not be liable for any loss, claim, costs of litigation or any other costs associated with any claim which may be asserted by anyone for loss, damage or injury arising as a result of my child's participation in the Program's activities. I agree that this paragraph also applies to injury, damage, or loss that I, or the adult accompanying my child on my behalf, could personally sustain as well as a result of participating in the Program's activities.

I understand that I, or the adult accompanying my child on my behalf and my child must abide by all State laws, fish and game regulations and additional standards set forth by the Program. I agree that I, or the adult accompanying my child on my behalf, will conduct myself in a reasonable manner and understand that the Program may revoke my, or the adult accompanying my child on my behalf's privilege to continue participating in the Program's activity. Furthermore, my child's privilege to continue participating in any event may be revoked if he or she is deemed to be acting in an unreasonable or unsafe manner by the Program's servants, agents, officers or officials. I agree that in such an event that further privileges to participate are revoked, any fees paid by me, the adult accompanying my child on my behalf, or my child in any way related to attending the Program's event are forfeit and the Program shall not be liable for any refund.

Should my child need medical evaluation or treatment while attending and participating in Program activities, I understand that I, or the adult accompanying my child on my behalf, is responsible for seeking and obtaining such treatment. If I am not accompanying my child, I hereby give express permission to the adult accompanying my child on my behalf to obtain and authorize any necessary immediate or emergency treatment that my child requires. I understand that the Program will not be responsible for costs and charges incurred as a result and that I will personally be responsible for arranging payment to any health care provider or institution directly.

I furthermore understand that the Program strives to provide a safe, enjoyable, positive and fun learning experience for all participants. I agree that I, or the adult accompanying my child on my behalf, will report any safety or ethical concerns to a Program official or director immediately.

Signature of Parent/Guardian

Date

Name of Child

Accompanying adult other than a parent/guardian

USE ONLY IF AN ADULT OTHER THAN THE PARENT/GUARDIAN WILL BE ATTENDING A PROGRAM EVENT
ON BEHALF OF THE PARENT/GUARDIAN

I certify that I have read the above document fully, understand its contents and agree to abide by all of the standards and requirements set forth. By my signature below, I understand that I am assuming responsibility for the supervision of the child during the Program event and waive liability on my personal behalf for the risks of injury or harm associated with participating in a hunting or shooting event sponsored by the Oklahoma Youth Hunting and Shooting Program. I understand that the parent/guardian of the child has granted me the authority to seek necessary or emergency medical evaluation and treatment on behalf of the child and I will immediately make the parent/guardian and Program officials aware of any such need for treatment immediately upon learning of a need for such evaluation or treatment.

Signature of Accompanying Adult

Date

Printed Name of Accompanying Adult