



HUNTER SAFETY AND FIREARMS EDUCATION COURSE (HuntSAFE) PARENT/GUARDIAN PERMISSION, WAIVER OF LIABILITY, INDEMNIFICATION, MEDICAL AND PHOTO RELEASE

Please read carefully:

- No person under the age of 18 will be admitted to a HuntSAFE course without permission of parent or guardian.
- The course is designed for those 12 years of age and older.

Please print and complete the following:

Student's Name: _____ Phone Number _____

Home Address: _____ City: _____ State _____ ZIP _____

Student's Age: _____ Student's Birthday: _____ Gender: (Circle one) Male Female
MM/DD/YYYY

Student's Last 4 SSN# _____

Did the student participate in the mentored hunting program? (circle one) Yes / No

Said undersigned student/parent or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees on behalf of the participant and his/her executors, administrators, heirs, next of kin, successors, and assigns, to:

- Waive, release and discharge from any and all liability for participant's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participant and his/her estate, the State of South Dakota, its officers, agents and employees; and
- Indemnify and hold harmless the State of South Dakota, and its officers, agents and employees from and against any and all liabilities and claims made by other individuals or entities as a result of participant's participation or actions during this activity or event; and
- Authorize consent for medical treatment to the participant which may be deemed advisable in the event of injury, accident or illness during this activity; and
- Authorize the use of participant's photograph in all forms and media and in all manners, including composite or other representations, for any lawful purposes, and waive any right to approve the finished product.

This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I, the undersigned, acknowledge that I have read and understand the above Release and give permission for instruction for the person named above.

Signature of Student or Parent/Guardian (if student is under 18): _____ Date _____

Equal opportunity to participate in and benefit from programs of the HuntSAFE program is available to all individuals without regard to their race, color, national origin, sex, age, or handicap. Complaints of discrimination should be sent to Office of Equal Opportunity, U.S. Department of Interior, Office of the Secretary, Washington, D.C. 20240.

Mark this box ONLY if your child has a condition or personal need which may require special consideration during instruction. The instructor may contact you for further information.