

# MENTORED HUNTING RELEASE FORM - MANDATORY

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Permission to participate in \_\_\_\_\_ Activity on the following date(s) \_\_\_\_\_

## Part 1 - Parent/Guardian Emergency Contact & Disclosure Waiver:

Teens Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent Mailing \_\_\_\_\_,  
(Address) (City) (State) (Zip)

**Emergency Contact Info:** Parent must provide contact information for child to be eligible for activity

Home Phone#: \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail \_\_\_\_\_

Second Contact NAME : \_\_\_\_\_ PHONE: \_\_\_\_\_

### PLEASE READ CAREFULLY:

It is understood that the Activity may involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on me & my heirs and assigns no blame to the Hunting Mentors or the Land Owner that trip will occur on.

I acknowledge that my participation in this activity is not required and is voluntary. I understand that in choosing to participate in this Activity I have for knowledge that there are inherent dangers in any kind of hunting and that even though safety is paramount accidents can occur. I also understand that hunting will involve Tools & Implements for the purpose of hunting (guns, knives, archery equipment, trapping equipment) and that they can be dangerous.

In consideration for being permitted to participate in this Activity Child and Parent/Guardian is responsible for any claims, damages or personal injury, death, or property damage which may occur, or which may hereafter occur as a result of my participation in the Activity.

(Parent/Guardian) Agrees with statement above \_\_\_\_\_ Initial Here

## Part 2 - Emergency Medical Treatment Waiver:

### PLEASE READ CAREFULLY:

In the event of accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the Mentored Hunt to make such arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event that said physician is not available at any time, I authorize such care and treatment to be performed by licensed physician or surgeon. **THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COSTS INCURRED AS RESULT OF THE FOREGOING.**

I (Parent/Guardian) Agree with statement above \_\_\_\_\_ Initial Here

## Part 3 - Emergency Medical Information:

Physician's Name: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Medical Insurance (Kaiser, Blue Cross, etc.): \_\_\_\_\_

Policy #: \_\_\_\_\_ & Policy Holder \_\_\_\_\_

Allergies or Medical Conditions to be aware of: \_\_\_\_\_

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**MY SIGNATURE BELOW AUTHORIZES MY TEEN TO PARTICIPATE IN THIS ACTIVITY. I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND MEDICAL RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT.....By signing below I represent that I have the authority to sign this form on behalf of the minor listed above.**

Relationship to minor: \_\_\_\_\_

Parent /Guardians Signature: \_\_\_\_\_ Date \_\_\_\_\_