

2009 Clinton Lake Youth Hunt Application and Consent Form

Name of participant: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Hunter Safety Card Number: _____

Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

Liability Release

I hereby release the host organization(s) from liability for any injury to the above-named participant at any time while attending the Clinton Lake Youth Hunt including travel to and from the hunting and training sites.

I voluntarily authorize the event organizers/representatives to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the above-named participant as deemed necessary in medical judgment.

I agree to indemnify and hold harmless said representatives and organizations for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the above-named participant arising from or on account of said procedures and/or treatment rendered to good faith and according to accepted medical standards.

Parent/Guardian

Date

Submit to:

Ben O'Neal
CLWA President
1609 Dobbins Dr.
Champaign, IL 61821

DEADLINE: September 18th, 2009