

Washington Soil & Water District

Dates: November 13th & 20th

In the interest of providing you the following program without fear of liability, we ask you to join in this contract. The first is for you to acknowledge that you understand the risks involved and the second part is a release of liability.

Assumption of Risk

I understand and accept that hunting exposes me to many hazards. Some of the dangers and risk which may be present or occur include, but are not limited to the following:

- Hiking and walking in rugged terrain slippery logs and rocks.
- Accidents or illness in remote places without medical facilities.
- The forces of nature including lightning, weather changes, wind and others not named.
- The physical exertion associated with hiking, climbing, or walking terrain in southeastern Ohio area.
- Man-made objects including trail crossings, bridges, and other unknown structures that may be encountered.
- Travel in a vehicle not driven by me.
- Injuries inflicted by animals, insects, reptiles and/or plants.
- Injury or death inflicted by other hunters or outdoor enthusiast associated or not associated with Farmer Youth Initiative Program.

I choose to participate in this hunting program in spite of these named risks and other unnamed risks which are inherent in this activity. I am solely responsible for deciding what equipment to take and whether or not to scout the assigned property. I am solely responsible for deciding whether to participate or continue on any hunting trip.

I assume these risks and understand my responsibility in decision making. I AGREE TO OBEY ALL THE RULES AND REGULATIONS ASSOCIATED WITH THE FARMER YOUTH INITIATIVE PROGRAM AND THE DIVISION OF WILDLIFE HUNTING RULES AND REGULATIONS.

Participant's Signature

Printed Name

Date

Parent or Guardian Signature (If under 18)

Printed Name

Date

Release Agreement

I, the undersigned, hereby acknowledge that I have read the assumption of risk statement and fully understand there are certain elements of danger inherent to hunting which are beyond the control of the instructors teaching assistants guides agents officers and employees of the Washington Soil & Water conservation District (hereafter referred to Washington SWCD), and that participating in the sport of hunting entails unavoidable risk of loss of life, personal injury, and loss of or damage to property.

In consideration of Washington SWCD furnishing services to enable me to participate in a hunting program, I hereby assume all risk of injury or loss of life to myself and loss of or damage to the property arising out of my participation in such a program, including hazards associated with any defect in a manufacturer's product. I specifically release Washington SWCD from any and all liability, including negligence, (active or passive) as to any right of action or claim to relief that may accrue either to me or to my heirs or personal representatives for any such injury, loss of life or loss of or damage to property which I may suffer while participating in such recreational activity including activates preliminary and subsequent thereto.

I further hold Washington SWCD harmless from any and all liability, actions, causes of actions, debt claims and demands of every kind and nature whatever so which I now have or which may arise from and/or in connection with my course or participation in any other activity related thereof.

I further understand that Washington SWCD carries no medical insurance for the protection of participants in outdoor recreation activities and any insurance coverage existing with respect to Washington SWCD shall not alter the terms of this wavier nor impose and liability on Washington SWCD.

I herby grant Washington SWCD the right to use, for promotional purposes, any photographs taken by them of me during my participation in their recreational activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature

Printed Name

Date

Parent or Guardian Signature (If under 18)

Printed Name

Date