

# REGISTRATION/RELEASE FORM

## Southeast Ohio Pheasants Forever

17<sup>th</sup> Annual Educational Youth Event – April 14, 2018

### Names and Addresses of Youth Attending (List each child's name, age, phone # and address):

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

### Release of Liability & Permission to Use Names/Photos for Publication

As parent or legal guardian of the child(ren) listed above, I certify that said child(ren) have my permission to attend and participate in all activities on April 14, 2018, at the Johnstown Community Sportsman's Club sponsored by the Southeast Ohio Chapter Pheasants Forever and co-hosted by Zane Trace Chapter National Wild Turkey Federation, Fairfield County Chapter of Ducks Unlimited, Lancaster Pistol & Rifle Club, Fairfield County Bird Dog Club, U.S. Fish and Wildlife Service, Wildlife Restoration Program, Johnstown Sportsman's Club, and the Ohio Department of Natural Resources, Division of Wildlife. By signing this form, I hereby waive and release all other participants, the host, sponsors and all other officials or parties involved in the event from all claims and/or damages incurred in connection with this event. I also hereby grant the sponsor and co-hosts the unconditional right to use the name, voice and photographic likeness of myself and/or the above said child(ren), in connection with any of the articles, press releases and audio/video productions.

### Signature of Parents, Legal Guardians or Other Adults attending with above child(ren):

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Would you like to participate in a mentoring program for outdoor activities ? Yes \_\_\_\_\_ No \_\_\_\_\_