



OREGON HUNTER EDUCATION COURSE LEGAL RELEASE FROM LIABILITY

LIABILITY RELEASE: To be filled out by **PARENT / GUARDIAN for Students at the age of 17 or younger, OR by Student if Student is age 18 or over.**

As a Parent/Guardian, I acknowledge my responsibilities for my child's action through 18 years of age. As an adult over the age of 18, I acknowledge my responsibility for my own actions.

I give my consent for myself, or my son/daughter ("Student"), as applicable, to participate in this Hunter Education Course conducted by the Oregon Department of Fish and Wildlife ("Department"). I understand there is an inherent risk in the use of firearms, even under the direction of class instructors, which includes the risk of serious bodily injury or death. I freely assume all risks associated with the Student's use of firearms, facilities and target shooting equipment, all such risks being known and appreciated by me. Knowing these facts, I for myself, my heirs, executors, and administrators, hereby **RELEASE, WAIVE ANY RIGHTS TO SUE AND HOLD HARMLESS** the State of Oregon, the Department and all other departments, agencies, commissions, boards, institutions, officials, employees, volunteers, and agents of the State, from any and all liability for any and all causes of action which I may hereafter have on account of any and all injuries to the Student's person or property, including, but not limited to, death, arising out of or related in any way to the student's participation in the Department's Hunter Education Course, whether such injury results from the negligence of the State of Oregon, the Department or any other departments, agencies, commissions, boards, institutions, officials, employees and agents of the State, or from any other cause whatsoever attributable directly or indirectly to them, including, but not limited to, provision of dangerous facilities or improper instruction or supervision.

In the event of an emergency, accident or illness, I authorize the agency and its employees or volunteer instructors to administer emergency medical care to the Student and, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment.

I grant the Department all rights to use photographic images of the Student in perpetuity for any and all marketing and public information campaigns engaged in by the Department, and any and all publications, videos, web sites or other printed or electronic materials produced by the Department or its agents for the Department's use and benefit.

I, the Student or the undersigned parent/guardian, have read, understand and agree to all of the terms of this **RELEASE**.

Signature of Parent/Guardian on behalf of all Parents/Guardians of Student

Date (month/day/year)

OR

Signature of Student if Student is age 18 or over

For Student (Please Print): _____