

## To Complete Checklist:

You may complete the shooting requirement with your assigned mentor. Participating archery shops in your area may also qualify students. All check lists must be completed and returned to the Hunter Outreach Coordinator before enrollment and activity in the program. Applicants will be assigned a mentor based in the order the application is received.



**Return Completed Application,  
Parental Release & Check List To:**

Aaron Hershberger, Hunter Outreach  
Nebraska Game and Parks Commission  
2200 N. 33rd St. / PO Box 30370  
Lincoln, NE 68503-0370  
Phone: 402-471-6144  
Fax: 402-471-6130

Nebraska Game and Parks Commission's

## YOUTH MENTORED HUNT PARENTAL RELEASE

Youth Name (print): \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Youth's Email: \_\_\_\_\_

Hunter Education Certification No.: \_\_\_\_\_

Any medical conditions, issues or medications instructors need to be aware of:

**I, the legal parent/guardian, for the above listed participant in the Youth Hunt hereby acknowledge the existence of, and assume full responsibility for, all risks associated with the Youth Mentored Hunt, and associated activities, which may cause damage to property or personal bodily injury or death to the participant.**

**Furthermore, I herewith agree to indemnify and hold forever harmless the State of Nebraska and the Game and Parks Commission, or their agents and employees, against loss from any claims, demands or actions that may hereafter or at any time be made or brought against the State of Nebraska and the Game and Parks Commission and their agents and employees on account of damages or bodily injury or death to the participant, or caused by the participant, sustained in consequence of the aforesaid activity. I understand that partnering agencies, organizations and individuals are covered under the State Recreational Liability Act of Nebraska.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian (print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact when the parent/guardian listed cannot be reached:

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

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

**Return Completed Youth Application/Parental Release To:**

Aaron Hershberger, NGPC  
PO Box 30370  
Lincoln NE 68503-0370

