

Nebraska BOW Participant Waiver and Assumption of Risk

Name _____ Date of Birth _____ Sex _____

Address _____ Phone _____

City/State/Zip _____

Emergency Contact _____ Phone _____

In consideration for the participant, named above, being allowed to participate in any way in the hunting, shooting and outdoor skills activities conducted at the Nebraska Game and Parks Commission's Becoming an Outdoors-Woman Program, including using, or being around, archery equipment and firearms ("Activity"), which may present an open and apparent risk of harm to persons or property, **I, the undersigned, hereby acknowledge the existence of, and assume full responsibility for, all the risks associated with the Activity, both known and unknown, which may cause damage to property or personal bodily injury or death to the participant, even if arising from the negligence of the Nebraska Game and Parks Commission, to the fullest extent permitted by law.**

Furthermore, I herewith agree to indemnify and hold forever harmless the State of Nebraska and the Game and Parks Commission, its officers, officials, agents and employees ("Released Parties") against loss from any claims, demands or actions that may hereafter, or at any time, be made or brought against the Released Parties on account of damages or bodily injury or death to the participant sustained in consequence of the aforesaid activity.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

X _____

Participant's Signature

Date

Participant Allergy Information

Please list all food/medications/materials/plants/stings that the participant needs to avoid.

Allergy 1	Type	Medication
Notes		

Allergy 2	Type	Medication
Notes		

Allergy 3	Type	Medication
Notes		

Please list any additional physical or medical issues that you would like the program staff to be aware of.

EMERGENCY MEDICAL AUTHORIZATION

The medical information is correct to the best of my knowledge, and I am able to engage in all activities, except as noted by me. In the event of an emergency, I hereby give permission to a physician to hospitalize, secure proper anesthesia, or to order injection or surgery or other medical procedures required by the emergency situation.

I give consent for the Nebraska Game and Parks Commission (hereinafter, "NGPC") and/or their agents to provide medical attentions, transportation and emergency medical services as warranted by the circumstances.

I represent that I am in good physical condition and I am not aware of any disease or injury that would be aggravated or result in my being incapacitated or injured during any program participation except as designated herein.

Signature of Participant

Date