

**Liability, Photo Release for Adults, Youth and Volunteers participating in the Youth Squirrel Hunt
February 9, 2019**

I realize that the Mississippi Wildlife Federation (MWF), the Mississippi Department of Wildlife, Fisheries, and Parks (MDWFP); Mississippi State University (MSU), Mississippi State University Extension Service (MSUES), and the US Fish and Wildlife Service (USFWS), their members, agents, employees, licensees, volunteers and associates are participating in this hunt to give me and my child a quality outdoor experience.

I understand and assume for myself, my child and on behalf of my successors, heirs, executors, administrators, assigns, successors in interest, personal helpers and traveling companions to defend and hold harmless the MWF, MDWFP, MSU, MSUES, USFWS, their Board of Directors, agents, outfitters, volunteers, owners and collaborators from any and all liability associated with any and all claims, demands, bodily injury, property damages, death or any and all other injuries or loss sustained in association with, or during the execution of this event as set forth and otherwise facilitated.

This participation by the referenced individuals will include travel to certain public hunting areas. I realize, understand and agree that this event includes hunting with dogs. I understand and agree that I will conduct myself in a manner so as to be safe around all of the individuals mentioned herein and their dogs. I assume full responsibility for the risk of bodily injury, death or property damage as a participant or guest of this event.

I grant full permission to any and all foregoing the unconditional right to use any photographic likeness, name and or voice in regards to any publication, audio or video for educational and publicity purposes. I release MWF, MDWFP, MSUES, MSU, and/or USFWS from any claims that might arise from use of these photographs.

I represent that I, and my child, are capable of participating in this event and acknowledge that this release is being relied upon by the above named organizations in permitting me and my child to participate. I understand that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Mississippi and that if any portion thereof is held invalid, it is agreed that the balance of this Release shall; notwithstanding, continue in full legal force and effect.

In giving my consent for me and my youth _____ to participate in the program, I understand and have explained to my child that hunting is a sport involving firearms and live ammunition which, if mishandled can be dangerous and cause serious injury and/or death to my youth or others. I understand and agree that I and my youth will use the utmost care during his/her participation in the program, and agree that he/she will adhere to the standards, guidelines and requirements of hunting and firearms safety. I understand and agree that my youth and I will follow the safety instructions given to us by MWF, its members, agents, employees, instructors and volunteers. I understand and agree that the MWF, MDWFP, MSU, MSUES, USFWS reserve the right to remove me and my child from the hunt if, in their opinion our safety or the safety of others is jeopardized. I understand and agree that I or another adult authorized by me shall be present with my youth during all activities and events of the program.

I understand and agree as this event involves youth, that two adults, 21 years or older, (preferably one adult and a parent of the participant) are required to be present with the youth at all times. At no time will my child be left alone with another adult not his parent.

IN CASE OF MEDICAL EMERGENCY, I understand that first-aid will be available at the hunt and that if serious injury or illness develops care will be given. I further understand that if I am unable to respond for my youth, or myself and attempts to reach my emergency contact have been unsuccessful, I give my permission to the physician selected by the hunt to hospitalize, to secure proper treatment, and to order injection, anesthesia or surgery. I expressly release, waive and agree to indemnify all employees, officers, independent contractors or other agents of those entities listed herein from any claim whatsoever on account of first aid, treatment, or other service received by me or my child as a result of our participation in this event.

I represent and acknowledge that I have read and understand this Release and warrant that all statements made herein are true to the best of my knowledge and that I have signed this Release as my own free act after first being authorized to do so. I further warrant and acknowledge that I am of legal age, legally competent to execute this agreement and release on behalf of myself and my minor child..

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Date _____

Adult Signature _____

Adult Name Printed _____

Address _____ City _____ State _____ Zip _____

Youth Signature _____

Youth Name Printed _____

Address _____ City _____ State _____ Zip _____

Emergency Contact available today: _____ Phone: _____