

Release of Liability



Participants Name: _____

E-mail Address: _____

Address: _____

Contact Phone (cell phone preferred): _____

I am the legal guardian of the child listed above, and I acknowledge and agree to the rules and regulations of the Battle Born Hunters Association, and I agree to comply and instruct my child to comply with the ground rules, warning signs and oral instructions by the Battle Born Hunters Association or its employees, directors and volunteers. I understand that my child's participation in this camp and my observation of this camp may involve a degree of risk. I have considered the risk and give consent for my child to participate in the camp. I release the Battle Born Hunters Association and all directors, employees, volunteers, sponsors, related parties or other organizations associated with this camp from any and all claims or liability arising out of your child's participation in this contest and/or my observation and/or participation in this camp, if any. I understand that the Battle Born Hunters Association and its affiliates may contact me regarding additional camps or opportunities.

In case of medical emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I authorize Battle Born Hunters Association to procure and consent to any medical examination, diagnostic process or course of treatment, including hospital care, to be rendered to my child by or under the supervision of any duly licensed doctor, dentist, surgeon or other medical professional.

I authorize Battle Born Hunters Association to use photographs or images of me and/or my child or written testimonials or letters to use as the Battle Born Hunters Association deems necessary for the purpose of marketing, publication in newspapers, magazines, website, internet, social media pages, printed media or broadcast in any format. I agree to hold Battle Born Hunters Association and its officers, employees, volunteers, sponsors, related parties or other organizations associated with the camp free and harmless from any and all liability arising out of the use of this photograph, image or testimonial and subsequent publication or broadcasting.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I AM AWARE THAT THIS IS A RELEASE OF LIABILITY.

Parent/Legal Guardian Name (Printed): _____

Signature: _____

Date: _____