



## OREGON DEPARTMENT OF FISH AND WILDLIFE PARTICIPANT APPLICATION AND RELEASE FORM

I apply for permission for myself, or my minor child ("Participant"), as applicable, to participate in this event conducted, hosted, sponsored or supported by the Oregon Department of Fish and Wildlife ("Department").

I understand that this event may include the use of firearms and other outdoor equipment (e.g. boats, fishing rods, crab pots) and that there is an inherent risk in these types of events, even under the direction of class instructors, which includes the risk of serious bodily injury or death. I freely assume all risks as a participant.

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 Participant 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 Participant 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 Participant or the undersigned parent/guardian, have read, understand and agree to all of the terms of this RELEASE.		
Participant Name (Please Print):		
Date:	Signature of Participant if Participant is age 18:	
Date:	Signature of Parent or Legal Guardian:	Relationship to Minor:

Emergency phone # during event:	Contact Name:
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### PARTICIPANT FORM PARTICIPANT ETHNICITY

The Oregon Department of Fish and Wildlife is subject to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title IX of the Education Amendments 1972, the Americans with Disabilities Act of 1990 and offers all persons the opportunity to participate in programs and activities regardless of race, color, national origin, age, sex or disability. No individual will be turned away from or otherwise be denied access to or benefit from, any program or activity on the basis of race, color, national origin, age, sex or disability. Complaints of discrimination should be sent to: Chief, Public Civil Rights Division, Department of the Interior, 1849 C Street NW, Washington, DC 20240.

Please check the boxes below for any that apply to the student: (optional)

☐ AFRICAN AMERICAN ☐ ASIAN/PACIFIC/ISLANDER ☐ HISPANIC ☐ NATIVE AMERICAN ☐ CAUCASIAN  
☐ DISABLED ☐ MULTI-ETHNICITY ☐ OTHER

Revised 12\_12\_2022

OREGON DEPT OF FISH & WILDLIFE



## USE OF FIREARMS LEGAL RELEASE FROM LIABILITY FORM

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

I give my consent for myself, or my minor child ("Participant"), as applicable, to participate in this event conducted by the Oregon Department of Fish and Wildlife ("Department"), and for the Department to temporarily deliver or otherwise transfer a firearm to Participant, and for Participant to temporarily control or use that firearm for the purpose of hunting in accordance with ORS 497.360 or target shooting at a shooting range, shooting gallery or other area designed for the purpose of target shooting. By signing this consent form, I acknowledge that the Department is temporarily delivering or transferring the firearm to Participant for the previously stated purpose.

I attest that Participant's sole intent in temporarily using a firearm is for participation in the event, and that Participant is not prohibited from possessing a firearm **for any reason including under Oregon Revised Statute 166.250, as Participant has not been:**

- a) Convicted of a felony or found guilty of a felony (except for insanity under ORS 161.295); **or**
- b) Committed to the Mental Health and Developmental Disability Services Division under ORS 426.130;
- c) Found to be mentally ill and subject to an order under ORS 426.130 that prohibits them from purchasing or possessing a firearm as the result of the mental illness; **or**
- d) Found to be within the jurisdiction of the juvenile court for having committed an act which, if committed by an adult, would constitute a felony or misdemeanor involving violence as defined in ORS 166.470; **and** has not been discharged from the jurisdiction of the juvenile court within four years.

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 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 Participant's participation in this event, 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 Participant's person or property, including, but not limited to, death, arising out of or related in any way to the Participant's participation in the Department's event, 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.

I, the Participant or the undersigned parent/guardian, have read, understand and agree to all of the terms of this RELEASE.	
Participant Name (Please Print):	
Date:	Signature of Participant if Participant is age 18:
Date:	Signature of Parent or Legal Guardian:
Relationship to Minor:	