

Kiwanis Youth Outdoors Day

Release Form for Registered Participants

We attended <input type="checkbox"/> this event last year.
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Please fill out completely

Youth must be between the ages of 8 and 16 on the day of the event to participate in shooting/archery events.

Children's Names (Last, First) (one child per line)	Date Of Birth (mm/dd/yy)	Gender
1.		
2.		
3.		
4.		
5.		

Address	City	State	Zip code
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Parent / Guardian's (Last, First)	Home Phone (999) 999-9999
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Parent Email Address (For Future Event Notification)	Relationship to Youth
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Emergency Information

In case of emergency contact	Phone (999) 999-9999
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Please list any medical conditions we should be aware of

Questions (place an X in the blank corresponding to your answer)

How did you hear about our event?

School Flyer ____ Community Flyer ____ Radio ____ Word of Mouth ____ Other _____

How many times a year do your children go fishing?

Never ____ 1 to 5 ____ 6 to 10 ____ 10 to 15 ____ More than 15 ____

How many times a year do your children go hunting?

Never ____ 1 to 5 ____ 6 to 10 ____ 10 to 15 ____ More than 15 ____

How many times a year do your children go overnight camping?

Never ____ 1 to 5 ____ 6 to 10 ____ 10 to 15 ____ More than 15 ____

How many hours a week do your children watch TV, play video games, use the computer?

0 to 5 ____ 5 to 10 ____ 10 to 20 ____ 20 to 30 ____ 30 or more ____

How many hours a week do your children spend outdoors, participate in outdoor sports, unstructured play, etc?

0 to 5 ____ 5 to 10 ____ 10 to 20 ____ 20 to 30 ____ 30 or more ____

Parent or Guardian must sign this Release below:

Registrants will have the opportunity to participate in activities including, but not limited to, the shooting of firearms, arrows, BB guns, rock climbing, canoeing and the casting of fishing lures.

I, the undersigned, as the parent or guardian of the above registered participant in the Kiwanis Youth Outdoors Day event hereby acknowledge the existence of and assume all risk associated with negligent acts of either the operator or the participant, which may cause damage to property or personal bodily injury or death to the participant. I herewith agree to release and hold harmless the State of WI, Wood County, the Wisconsin Rapids Kiwanis Club, Wisconsin Rapids Kiwanis Club Members, Kiwanis International and any and all sponsors of this event, their agents and employees on account of any and all property damage or bodily injury or death to the participant sustained for any negligent or allegedly negligent act.

Parent / Guardian Signature

Date