

For Official Use Only

Junior (Ages 9-14)_____

Senior (Ages 15-19)_____

Hunter Identification #_____

**Canadian County Free Fair
Trap Shoot
Legal Release Form**

Participants Name:_____

Parent/ Legal Guardian:_____

Address:_____

Phone Number:_____

I, _____ am the parent or legal guardian of said minor,
_____.

I agree to hold harmless the Canadian County Fair Board Association, the County of Canadian County, et al for any and all loss of property and/or person and from all accidents that may result from my participation in the Canadian County **Trap Shoot** or said activities. I will obey myself and / or encourage the child to obey the rules and regulations laid down by the Canadian County Fair Board and O.T.S.A. Shooting Park.

If I am for some reason unable to consent to medical attention for myself or said child in person, I _____ hereby grant permission to the adult supervisor to obtain medical care from any licensed medical professional/facility for the above named minor or myself.

We further agree that by signing this agreement, do hereby grant the Canadian County Free Fair Association and its legal representatives and assignees their revocable and unrestricted right to use and publish photographs of us, or in which we may be included, for editorial, trade, advertising and any other purpose and in any manner or medium. We hereby release the Canadian County Free Board Association and its representatives and assignees from all claims and liability relating to said photography.

Signature of Participant:_____ Date:_____

Signature of Parent or Legal Guardian:_____ Date:_____

Signature of Superintendent:_____ Date:_____