

Defiance County Fish and Game
Youth Archery-Rifle Shooting – Registration

Youth's Name _____

Youth's Age: _____ **(open to youth ages 8 to 18)**

Youth's Gender: Boy Girl

(circle one)

Adult's Name: _____

Adult's Phone Contact: _____

Special Request: _____

AGREEMENT & RELEASE OF LIABILITY

_____, parent of _____

and my heirs release the Defiance County Fish & game Association, Inc., its officers and agents from liability, damages, loss of personal property, sickness and injury from whatever source, legal entanglement, death, loss of money or any other damage which the Defiance County Fish and Game Association Inc. is not liable, which might occur while participating in the Youth Archery-Rifle Shooting, February 26, 2011. I also authorize the Defiance County Fish & Game Association to provide necessary medical care if needed by my child.

Parent's Signature: _____

Child's Name: _____

Date: _____

Total family members attending: _____

You MUST pre-register by February 18, 2011
Jerry Latta
220 Main Street, Defiance, OH 43512-2316



Fish and Game Reporting

W H B A I Special Y N