



Iowa Department of Natural Resources
 Wallace State Office Building
 502 E 9th Street
 Des Moines IA 50319-0034

YOUTH PARTICIPATION AGREEMENT

Please complete this entire form. Youth participants will not be eligible to participate in the activities described herein unless this form is completed and signed by the youth participant's legal guardian. This document shall be retained by DNR personnel involved in managing the activities described herein and may be referred to and shared as described herein.

You, the undersigned, are the parent or legal guardian of the Child and hereby authorize the following Child to participate in the Activity described in this Agreement, subject to the terms and conditions of this Agreement.

CHILD'S INFORMATION:

Name (last, first, middle): _____

Home Address: _____ Date of Birth: _____

City: _____ State: _____ Zip Code: _____

ACTIVITY:

The Hunting and Conservation Camp is designed as a three day/two night program to introduce young men to the outdoors through introduction and hands on experiences with mentors and instructors. These activities include shooting of all types, fishing, boating, conservation lessons, specific hunting practices, and outdoor skills. For a complete schedule, please refer to the schedule enclosed in the participant packet or on the DNR website.

GENERAL TERMS AND CONDITIONS: By signing this youth participation agreement, you, the undersigned, agree to the following:

- You are familiar with the Activity and have been provided an opportunity to ask questions about the Activity.
- You shall direct the Child: (1) to follow all instructions provided by DNR or other sponsors of the Activity at all times while participating in the Activity and (2) not to conduct in inappropriate behavior, including without limitation, kicking, biting, hitting, scratching, using abusive language, engaging in sexual behavior, or name-calling. Participants failing to obey directions provided by the DNR and other sponsors of the Activity or otherwise engaging in inappropriate behavior may, at the sole discretion of the DNR, be dismissed from the Activity.
- You shall direct the Child to maintain contact with the Activity group and/or leader at all times.
- You shall ensure the Child is dressed and equipped appropriately for the weather and conditions of the Activity.
- The Child shall not possess, consume or be intoxicated by any of the following while participating in the Activity: tobacco products; alcohol; combustible materials including matches, lighters and lighter fluid; subversive or pornographic materials; ammunition, explosives, firearms and other weapons (unless participating on a mentored youth hunt or firearm training class and then only under close supervision of an adult); gambling devices; drugs and or drug paraphernalia; and prescription drugs not specifically prescribed for the youth participating in the Activity.
- The Child shall not operate a vehicle or equipment with a motor during the Activity (unless the vehicle or equipment is used due to mobility impairment).
- DNR shall be permitted to contact the parent/legal guardian and emergency contact(s) provided on this form and release the Child to those persons so identified in this form.

ACKNOWLEDGMENTS: By signing this youth participation agreement, you, the undersigned, acknowledge the following:

- That the Activity may include activities that may be hazardous to the Child.
- That you have the right to prevent or disallow the Child from performing any activity(ies) related to the Activity that you feel the Child is unqualified to perform or that you deem to be unsafe.
- That participation in the Activity poses some known and inherent dangers to the Child, as may be described as part of the Activity above, including without limitation: bodily injury, personal injury, illness, death, or property damage.
- That the DNR does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury or illness of the Child.
- That the DNR has the right to limit or bar the Child from participating in any part or all parts of the Activity for any reason.
- That, except as otherwise agreed to in writing by the DNR, DNR does not carry or maintain health, medical, or disability insurance coverage for any volunteer or participant, including the Child.
- That the ratio of minors involved in the Activity to supervising adults may be as high as ten minors to one adult, depending on the activity.

AUTHORIZATIONS: By signing this youth participation agreement, you, the undersigned, hereby authorize the following:

- DNR shall have the right to transport the Child using a DNR vehicle during the Activity. DNR shall not be responsible for the Child's transportation to and from the Activity unless such transportation is explicitly described as part of the Activity.
- DNR shall have all right, title, and interest in any and all photographic images and video or audio recordings of the Child made by the DNR during the Child's participation in the Activity, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

HEALTH RELEASE: By signing this youth participation agreement, you, the undersigned hereby agree to and authorize the following:

- DNR shall attempt to accommodate special dietary restrictions and disabilities. If DNR is unable to accommodate special dietary restrictions or disabilities and those dietary restrictions or disabilities could pose a threat to the health and well-being of the Child or others, the Child may not be allowed by DNR or other sponsors to participate in the Activity.
- DNR may seek medical treatment or service, including without limitation first aid, hospitalization and emergency ambulance service, for the Child in connection with the Child's participation in the Activity. You shall remain financially responsible for any costs incurred as a result of said treatment and services and hereby agree to make full payment for such to the attending medical personnel and/or health care facility rendering such treatment and services. DNR shall make every effort to contact you and the emergency contact provided in this Agreement in the event such care is sought.
- DNR may share information contained in this Agreement as well as other documents and information related to the Child otherwise in its possession with other DNR staff, Activity sponsors and volunteers, and health providers in seeking such medical treatment or service for the Child.
- Subject to the terms of this Agreement, DNR shall have the right to provide acetaminophen and ibuprofen, unless indicated otherwise below, to the Child during the Activity; DNR shall within the manufacturer's dosage allowances for the Child.
- DNR is committed to the health and well-being of the Child. To that end, you must disclose all known medical conditions that may impact the Child and other children engaging in the Activity. Moreover, subject to the terms of this Agreement, DNR shall dispense additional medicine that is identified by the parent as necessary and as directed or authorized in this form. In the case of prescription medicine, DNR shall dispense said medicine, provided the prescription is current and the medicine is packaged with the prescription label permanently affixed, according to the directions on the prescription label to the Child and only if the Child is the prescribed patient. In the case of over the-counter medication, DNR shall dispense the medicine in amounts not to exceed the manufacturer's dosage requirements unless you provide written authorization from the Child's doctor permitting otherwise.
- You have provided accurate and truthful medical information below to the best of your knowledge. Omissions may result in the Child's dismissal.

MEDICAL INFORMATION

Allergies, including drugs? Yes No **If yes, please list:** _____

Dietary Restrictions? Yes No **If yes, please list and provide requested accommodation:** _____

Does the Child have a disability or other condition that may limit the Child's ability to participate in the Activity? If so, what can be done to accommodate the limitation(s)? (Conditions may include without limitation side-effects of medications or withdrawal effects related to medications.)

MEDICATION (Check all that apply)

DNR may dispense ibuprofen (e.g., Motrin or Advil) to my Child.

DNR may dispense acetaminophen (e.g., Tylenol) to my Child.

My Child requires no medication on a routine basis.

My Child requires medication as follows (include all over-the-counter medications as well as prescription medications):

Medicine 1: _____ **Dosage:** _____ **Condition:** _____

Medicine 2: _____ **Dosage:** _____ **Condition:** _____

My Child takes additional medication. I have provided the information requested above to DNR for those additional medications.

The undersigned expressly agrees that this youth participation agreement is intended to be as broad and inclusive as permitted by the laws of the State of Iowa, and that it shall be governed by and interpreted in accordance with the laws of the State of Iowa.

THE CHILD WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT THE UNDERSIGNED, WHO IS EITHER A PARENT OR GUARDIAN, COMPLETING THIS YOUTH PARTICIPATION AGREEMENT. ONCE THIS FORM IS COMPLETED:

IN WITNESS WHEREOF, the undersigned has executed this youth participation agreement as of the day and year written below.

PARENT OR LEGAL GUARDIAN

Signature: _____ **Date:** _____

Printed Name: _____ **Relationship to Child:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

EMERGENCY CONTACT INFORMATION

Name: _____ **Relationship to Child:** _____

Office Phone: _____ **Home Phone:** _____ **Cell Phone:** _____

Once you have completed this form, email to [Ajay.Winter@dnr.iowa.gov](mailto:AJay.Winter@dnr.iowa.gov) or send it to:

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Attn A Jay Winter
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