



# YOUTH PARTICIPATION AGREEMENT

Iowa Department of Natural Resources  
502 E 9<sup>th</sup> St  
Des Moines IA 50319-0034

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 and shared as noted below by either DNR staff or other authorized personnel involved in managing the activities 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:

Hook and Hunt University is a collaborative effort by a number of conservation organizations designed as a yearlong program to engage youth in angling, hunting and shooting sports related activities through hands on experiences with mentors and instructors. For a complete schedule please refer to the schedule enclosed in the participant packet or the sample agenda 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 and other sponsors of the Activity at all times while participating in the Activity and (2) not to engage 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; any explosives or combustible materials including matches, lighters and lighter fluid; subversive or pornographic materials; gambling devices; drugs and or drug paraphernalia; and/or prescription drugs not specifically prescribed for the youth participating in the Activity.
- The Child shall not possess or use ammunition, explosives, firearms or other weapons unless participating in a mentored youth hunt or firearms training class, and then only (i) those firearms and weapons authorized for use by the DNR and (ii) if the possession and use of such is under close supervision of an adult mentor at all times.
- The Child shall not use a vehicle or equipment with a motor during the Activity unless the vehicle or equipment is used due to mobility impairment.
- DNR and other sponsors of the Activity 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 participating in any portion of 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, including without limitation: bodily injury, personal injury, illness, death, or property damage.
- Hunting also includes an inherent risk of serious injury or death caused by conditions of the land, including both defects in or improvements thereto, or natural conditions including animals (whether those being hunted or not) on the property. The DNR and other sponsors of the Activity have not made any representations that the conditions of the property are suitable for hunting or that the property is free from defects.
- That the DNR and other sponsors of the Activity do 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 and other sponsors of the Activity have 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 and other sponsors of the Activity, DNR and other sponsors of the Activity 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.
- The DNR and other sponsors of the Activity assume no responsibility or liability for the functionality of your Child's personal firearm(s) and other weapon(s) used during a mentored hunt or firearms training class. All exposed hammer firearms with the exception of muzzleloading rifles and shotguns are prohibited from use.

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

- DNR and other sponsors of the Activity shall have the right to transport the Child using an authorized vehicle during the Activity. DNR and other sponsors of the Activity 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 and other sponsors of the Activity 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 and other sponsors of the Activity 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 and other sponsors of the Activity shall attempt to accommodate special dietary restrictions and disabilities. If DNR and other sponsors of the Activity 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 and other sponsors of the Activity 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 and other sponsors of the Activity 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 and other sponsors of the Activity shall have the right to provide acetaminophen and ibuprofen, unless indicated otherwise below, to the Child during the Activity; DNR and other sponsors of the Activity shall within the manufacturer's dosage allowances for the Child.
- DNR and other sponsors of the Activity are 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 and other sponsors of the Activity 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 and other sponsors of the Activity 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 and other sponsors of the Activity 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:

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

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Does the Child have a disability or other condition that may limit the Child's ability to participate in the Activity?  Yes  No

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.)

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**MEDICATION:** (check all that apply)

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

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: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Once you have completed this form, fax it to the Iowa DNR at 515-725-8201; or send it to: Iowa DNR – Hunter Education Program, Attn: Megan Wisecup, 502 E 9<sup>th</sup> St, Des Moines IA 50319