



ADULT PARTICIPATION AGREEMENT

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

Please complete this entire form. Adult participants will not be eligible to participate in the activities described herein unless this form is completed and signed. 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.

PARTICIPANT 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 novice participants 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 adult participation agreement, you, the participant, agree to the following:

- You are familiar with the Activity and have been provided an opportunity to ask questions about the Activity.
- You shall (1) follow all instructions provided by DNR and other sponsors of the Activity at all times while participating in the Activity and (2) not conduct in inappropriate behavior, including without limitation, fighting, using abusive/offensive language, or engaging in sexual behavior. 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 maintain contact with the Activity group and/or leader at all times.
- You shall ensure you are dressed and equipped appropriately for the weather and conditions of the Activity.
- You 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; ammunition, firearms and other weapons unless participating in a mentored hunt or firearms training class and then only the firearms and weapons authorized for use by the DNR; gambling devices; drugs and or drug paraphernalia; and prescription drugs not specifically prescribed for the participant participating in the Activity.
- You shall not use a vehicle or equipment with a motor during the Activity unless the vehicle or equipment is used due to mobility impairment.

ACKNOWLEDGMENTS: By signing this adult participation agreement, you, the participant, acknowledge the following:

- That the Activity may include activities that may be hazardous.
- That you have the right to not participate in any portion or aspect of the Activity that you feel you are unqualified to perform or that you deem to be unsafe.
- That participation in the Activity poses some known and inherent dangers, as may be described as part of the Activity above, 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.
- That the DNR and other sponsors of the Activity have the right to limit or bar you 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.
- The DNR and other sponsors of the Activity assume no responsibility or liability for the functionality of your 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 adult participation agreement, you, the participation, hereby authorize the following:

- DNR and other sponsors of the Activity shall not be responsible for your 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 you made by the DNR and other sponsors of the Activity during 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 adult 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 your special dietary restrictions or disabilities and those dietary restrictions or disabilities could pose a threat to the health and well-being of you or others, you 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 you in connection with 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 your 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 otherwise in its possession with other DNR staff, Activity sponsors and volunteers, and health providers in seeking such medical treatment or service for you.
- You have provided accurate and truthful medical information below to the best of your knowledge. Omissions may result in your dismissal.

MEDICAL INFORMATION:

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

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

Do you have a disability or other condition that may limit your 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.)

MEDICATION: (check all that apply)

I require no medication on a routine basis.

I require medication as follows (include all over-the-counter medications as well as prescription medications):

Medicine 1: _____ Dosage: _____ Condition: _____

Medicine 2: _____ Dosage: _____ Condition: _____

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

The participant expressly agrees that this 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.

YOU WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT COMPLETING THIS AGREEMENT.

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

PARTICIPANT:

Signature: _____ Date: _____

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 9th St

Des Moines IA 50319