

CANADIAN COUNTY FAIRBOARD TRAP SHOOT
LIABILITY RELEASE/MEDICAL CARE AUTHORIZATION

PARTICIPANT'S NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____

CITY: _____ PHONE: _____

I, the undersigned, for myself or on behalf of a minor child, understand the risks and details of the Canadian County Fairboard Trap Shoot and will obey myself and /or encourage the child to obey the rules and regulations laid down by the Canadian County Fairboard, Inc. I further hereby agree to save harmless the Canadian County Fairboard, Inc., from actions or claims brought on account of any injuries or damages sustained by my person or property or the child's person or property in consequence of any neglect or misconduct by the Canadian County Fairboard, Inc. or any of their employees. In case of emergency the physician to be contacted is:

_____ Phone: _____

I will participate along side the above named child in this activity, but if I am for some reason unable to give my consent to medical attention for myself or for such child in person, I hereby grant permission to the adult supervisor to obtain medical care from that or any other licensed physician, hospital, or medical clinic for myself or the above named child.

DATE: _____

PARTICIPANT: _____

Signature

PARENT OR GUARDIAN: _____

Signature