**FishHawk Talons Emergency and Liability Form 2024-2025**

Shooter Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_ Male/Female \_\_\_\_\_\_\_\_

Do you have a Tetanus vaccine with in the past 7 years \_\_\_\_\_\_\_\_\_

Do you use an Epi Pen?\_\_\_\_\_ Do you use an inhaler? \_\_\_\_\_\_\_ (Please make sure to have them with you)

\*Shooters under 16 must have a guardian present at all meetings, practices, and events.\*

Emergency contact

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my child to have basic first aid. Yes / No

List any medical allergies (Latex, ointments, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Initial each:

\_\_\_\_\_\_ I understand that shooters under the age of 16 must have a parent or guardian stay at all practices and events.

\_\_\_\_\_\_ I am aware of the inherent danger and the very nature of athletic participation in this sport. I understand that the dangers and risks of participating in practices, events, competitions, and preparation of these activities include but are not limited to death, serious injury or impairment, and general health and wellbeing. I voluntarily accept these risks.

\_\_\_\_\_\_ I grant my permission for my child to participate fully in any activities, practices, and events. In the instance that my son/daughter becomes injured/ill while at FishHawk Talons event, activity, and/or practice, I hereby authorize FishHawk Talons coaches, committee members, agents, or FishHawk Sporting Clays employees to use their best judgement in providing first aid, medical assistance, and/or care. I understand that this may include calling 911 for additional care, and that there may be costs associated with that care. I assume the responsibility of medical bills, if any, that arise from such actions.

\_\_\_\_\_\_ I hereby release forever discharge and agree to hold harmless, FishHawk Talons, FishHawk Youth action Sports inc., and coaches, committee members, and volunteers from any and all liability, claims, or demands, for personal injury, sickness, death, damage, and expenses of any nature whatsoever which may be incurred by your child while participating in the above described activities.

I read, understand, and agree with the information above.

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_