



HUNTERS FOR YOUTH (HFY)
RELEASE OF LIABILITY
READ CAREFULLY ~~ THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in ANY & ALL activities included but not limited to, UTV's, Landowners, photos/videos, Hunts, Archery, Shooting, Fishing, Nature Walks, Medical, Emergency & First Aid, organized by Hunters For Youth, of Berwyn, Ne and /or use of the property, of my family, to the following:

- 1. AGREEMENT TO FOLLOW THE DIRECTIONS.** I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Hunters For Youth, or the volunteers, or agents of HFY.

- 2. ASSUMPTION OF THE RISKS AND RELEASE.** I recognize that there are certain inherent risks associated with the above described activity and i assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge HFY for injury, loss or damage arising out of my or my family's use of or presents upon the facilities of HFY, whether caused by the fault of myself, my family, HFY or other third parties.

- 3. INDEMNIFICATION.** I agree to indemnify and defend HFY against all claims, causes of action, damages, judgements, costs or expenses, including attorney fees and other litigation costs, which may in any way from my family's use of or presents upon the facilities of HFY.

- 4. FEES.** I agree to pay for all damages to the facilities of HFY caused by my negligent, reckless, or willful actions by me or my family.

5. CONCENT. I, _____ of _____,
_____, _____,



Consent to the participation of my _____,

In ANY & ALL activities included but not limited to, UTV's, Landowners, photos/videos, Hunts, Archery, Shooting, Fishing, Nature Walks, Medical, Emergency & First Aid, and agree on behalf of the above minor to all of the terms and conditions of the Agreement. By signing this Release of Liability, I represent that i have legal authority over and custody of _____.

6. MEDICAL AUTHORIZATION. In the event of an injury to the above minor during the above described activities, i give permission to HFY or the volunteers, or agents of HFY to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin on _____ and will remain in effect throughout the time he/she is in the HFY program. Hunters For Youth shall have the following powers:

- a. The power to seek appropriate medical treatment or attention of behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and /or hospital:
- b. The power to authorize medical treatment or medical procedures in an emergency situation; and
- c. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter.

7. APPLICABLE LAW. Any legal or equitable claim that may arise from participation in the above shall be resolved under Nebraska Law.

8. NO DURESS. I agree and acknowledge that i am under no pressure or duress to sign this agreement and that i have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that i am free to have my own legal counsel review this agreement and if I so desire.



9. ARM'S LENGTH AGREEMENT. This agreement and each of its terms are the product of an arm's length negotiation between the parties. In the event of any ambiguity is found to exist in the interpretation of this agreement, or any of its provisions, the parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.

10. ENFORCEABILITY. The invalidity or unenforceability of any provision of this agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this agreement or of any other applications of such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be a part of this agreement.

11. DISPUTE RESOLUTION. The parties will attempt to resolve any dispute arising out of or relating to this agreement through friendly negotiations amongst the parties. If the matter is not resolved by negotiation, the parties will resolve the dispute using the below alternative dispute resolution (ADR) procedure.

Any controversies or disputes arising out of or relating to this agreement will be submitted to mediation in accordance with any statutory rules of mediation. If mediation does not successfully resolve the dispute, then the parties may proceed to seek an alternative form of resolution in accordance with any other rights and remedies afforded to them by law.

12. EMERGENCY CONTACT. In the case of an emergency, Please call _____ (Relationship: _____) at _____ (day), or _____ (Evening).



I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

This Release of Liability is executed and agreed by

Parent: _____ Date: _____

HFY Staff: _____ Date: _____

_____ Date: _____

Holly Johnson
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Office Manager/Events Coordinator