

**Delta Waterfowl Education Day**  
**and**  
**RBWA 'Jeff Bechard' Memorial Mentored New Hunter Marsh Experience**  
**Consent and Release Forms 2009**

**Check the events you will be attending:**  
**Education Day \_\_\_\_\_ New Hunter Marsh Experience \_\_\_\_\_**

\*Ont. Small Game License # \_\_\_\_\_ Migratory Bird Permit # \_\_\_\_\_

\* *Necessary only for those participating in the New Hunter Marsh Experience on Oct 2nd and 3rd, 2009*

***b) To participate in either of these events, the participant must fill out and sign these forms or if under 18, have them signed by a Parent or Guardian. Then fax to 519-674-1102.***

New Hunter / Youth Name: \_\_\_\_\_ Birth date \_\_\_\_\_  
DD MM YY

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

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Ontario Health Card # \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

c) Does this child have medical issues of which we should be informed? Yes \_\_\_\_ No \_\_\_\_

If "Yes", please provide details on back of sheet.

---

**d) Please initial at the end of each paragraph and sign below.**

I hereby release the host organization(s) from liability for any injury to the above-named participant at any time while attending the **Delta Waterfowl and Rondeau Bay Waterfowlers' Association Education Day and New Hunter Marsh Event** including, but not limited to, camping overnight and travel to and from the hunting and training sites. \_\_\_\_\_

I voluntarily authorize the event organizers and representatives to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the above-named participant as deemed necessary in medical judgment. \_\_\_\_\_

I agree to indemnify and hold harmless said representatives and organizations for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the above-named participant arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards. \_\_\_\_\_

In exchange for consideration received, I hereby give permission and authorize Delta Waterfowl, Migration Mentors (Delta Chapter), Rondeau Provincial Park, Rondeau Bay Waterfowlers Association, and the Ontario Federation of Hunters and Anglers, to use my name and photographic likeness in all forms and for any other lawful purposes. \_\_\_\_\_

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

If the participant is under 18 years of age:

I, \_\_\_\_\_, am the parent/legal guardian of the individual named above. I have read the release and agree to its terms.

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

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

Date: \_\_\_\_\_