

CAMPER REGISTRATION PACKET

BTYCC Summer Camp 2018

Thank you for your interest in Beau Turner Youth Conservation Center's summer camp! Please review the important information below. Contact Jonathan.Roberts@MyFWC.com if you have any questions about hunt camp or survival camp. Contact Beau.Yeiser@MyFWC.com if you have any questions about archery camp or fish camp.

REGISTRATION PROCEDURES

- Registration begins **February 5, 2018**.
- Complete this packet and include payment in order to hold your camper's space at camp.
- Spaces are filled on a first-come, first-served basis.
- If the week you request as first choice is full, we will use your second choice.
- If you are limited to one certain week, and it is full, your name will be added to a waiting list.
- Please inform us two weeks in advance if you should need to cancel a reservation so others on the waiting list may take advantage of our program. If you cancel with less than a two week notice, you may be assessed the full program fee.

TO REGISTER

- Complete this camper registration packet.
- Please include a separate check for each week of camp. Make checks payable in full to Fish and Wildlife Foundation of Florida.
- Mail packet and payment to:
BTYCC Summer Camp
Florida Youth Conservation Centers Network
2574 Seagate Drive, Suite 100
Tallahassee, FL 32301

PARENTS... PLEASE NOTE

- Program selection is based on your child's completed grade level for the **2017-2018** school year.
- Programs may be altered in cases of extreme heat or inclement weather.
- Parents/guardians must furnish transportation to and from camp every day.
- Campers must bring their own lunch Monday through Thursday. A catered lunch will be provided on Friday only.
- Drop off is from 8:00 until 8:30 a.m. Monday through Friday.
- Pick up is from 4:30 until 5:00 p.m. Monday through Thursday, and at 2 p.m. on Friday.
*The Friday of Survival Camp pickup will be from 8:00 until 8:30 a.m.
- To protect the health of campers and staff, if your child is sick, let the camp director know and keep them home from camp. If it is determined to be a contagious illness, BTYCC must be notified as well. If your child becomes ill during the day at camp, parents/guardians will be contacted. **IN ALL CASES OF CONTAGIOUS ILLNESS**, a doctor's note stating that the child is no longer contagious is required in order to return to camp.
- Camper safety is our first priority. Our camp is staffed with certified program instructors. The hiring process includes interviews, reference checks and criminal background screening.
- If your child has any severe medical, behavioral, or emotional issues, please call to discuss the appropriateness of our camp programs with the camp director prior to enrollment.



Florida Youth Conservation
Centers Network



Florida Fish and Wildlife
Conservation Commission

MyFWC.com

CAMPER REGISTRATION PACKET

Summer Camp 2018

| FOR OFFICE USE ONLY | |
|--|--|
| Date Received: / / | <input type="checkbox"/> Paperwork |
| | <input type="checkbox"/> Spread Sheet |
| <input type="checkbox"/> PMT, Batch: _____ | <input type="checkbox"/> Confirmation Sent |
| CHK: _____ | / / |

Beginning February 5, send your completed registration forms and payment to BTYCC Summer Camp, Florida Youth Conservation Centers Network, 2574 Seagate Drive, Suite 100, Tallahassee, FL 32301. All applications will be acknowledged with a confirmation email. Please submit one form per camper. Note: Grade level is based on grade **completed** in the 2017-2018 school year.

Camper's Name:

Date of Birth: / / Age: Grade completed in 2017-2018: Sex: Male Female

Camper's Primary Address:

Parent/Guardian 1 : Relationship to Camper:

Home Phone: Cell Phone: Work Phone:

Address: (if different from camper's)

E-mail Address:

Parent/Guardian 2 : Relationship to Camper:

Home Phone: Cell Phone: Work Phone:

Address: (if different from camper's)

E-mail Address:

*Below for Hunt Camp and Freshwater Fish Camp check the week(s) your child is available to attend. Indicate a first and second choice on the lines next to the box as a backup in the event that the week you selected is full.

Hunt Camp: This week of camp is open to 4th through 9th graders (Max age of 15 at time of camp). Campers will learn the fundamentals and attitude of becoming a safe, knowledgeable, and ethical hunter.
 Hunt Camp _____ **Week 1:** June 4-8 _____ **Week 2:** June 11-15 _____ **Week 3:** June 18-22
 Advanced Hunt Camp _____ **Week 1:** June 25-29 *Hunter Safety is required before attending Advanced Hunt Camp.

Freshwater Fish Camp: This week of camp is open to 3rd through 9th grades (Max age of 15 at time of camp). Campers will learn the fundamentals of fishing, rod and reel types and maintenance, fish handling, fish identification and more.
 Freshwater Fish Camp _____ **Week 1:** June 11-15 _____ **Week 2:** June 18-22
 Advanced Freshwater Camp _____ **Week 1:** June 25-29

Archery Camp: June 4-8
 This week of camp is open to 4th through 9th graders (Max age of 15 at time of camp). Campers will learn the fundamental skills of archery, becoming familiar with archery safety measures, bows, arrows, targets and more.

Survival Camp: July 9-13
 This week of camp is open to 6th through 9th graders (Max age of 15 at time of camp). Campers will learn fundamental outdoor survival skills, wilderness safety, navigation, field first-aid and more.

Camper attending with a friend. Name of friend:

T-Shirt Size: Child sizes: S M L XL Adult sizes: S M L XL

Parent/Guardian Signature: Date:

Registration fee is \$195 per week, per camper. Please include a separate check, cashier's check or money order for each week of camp. Make all payments payable to the Fish and Wildlife Foundation of Florida.

HEALTH INFORMATION

The following health-related sections of this registration packet must be completed and notarized.

| | | | |
|---------------------------------------|-------------|--|--|
| Camper's Name: | | Age: | |
| Date of Birth: mm/dd/yy | | Sex: <input type="radio"/> Male <input type="radio"/> Female | |
| Camper's Primary Address: | | | |
| Parent/Guardian: | | Relationship to Camper: | |
| Home Phone: | Cell Phone: | Work Phone: | |
| Address: (if different from camper's) | | | |
| E-mail Address: | | | |
| Physician Name: | | Physician Phone: | |
| Physician Address: | | | |

EMERGENCY CONTACTS If I'm not available in an emergency, please notify:

| | |
|----------|--------|
| 1. Name: | Phone: |
| 2. Name: | Phone: |
| 3. Name: | Phone: |

INSURANCE INFORMATION

Is the camper covered by family medical/hospital insurance? Yes No

Health Insurance Provider and Policy Number:

******IMPORTANT – THIS BOX MUST BE COMPLETE AND NOTORIZED FOR ATTENDANCE******
****A photocopy of the front and back of your health insurance card must be attached to this form.****

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting in loco parentis if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Sworn to and subscribed before me this _____ day of _____ 20_____

| | |
|---------------------------------|------|
| | |
| Signature of Parent or Guardian | Date |

Notary Public:

| | |
|------------------------|--|
| | |
| My Commission expires: | |
| | |

HEALTH INFORMATION (continued)

The following information must be filled in by the parent/guardian. The intent of this information is to provide camp health care personnel background information to provide appropriate care. Keep a copy of the completed form for your records. Please complete in detail so the camp can be aware of your camper's needs.

| CONDITION | Yes | No | EXPLAIN (Attach extra sheet if needed.) |
|---|-----|----|---|
| Up-to-Date on required school immunizations? | | | Date of last tetanus shot: |
| Recent injury, illness or infectious disease | | | |
| Chronic or recurring illness/condition | | | |
| Asthma or other respiratory condition | | | Last Attack: |
| Hypertension (e.g. high blood pressure) | | | |
| Heart disease, heart attack, chest pain or heart murmur | | | |
| Stroke/TIA | | | |
| Frequent headaches | | | |
| Seizures (e.g. epilepsy) | | | Last seizure: |
| Serious injury or knocked unconscious | | | Date of Injury: |
| Psychiatric, behavioral, neurological and/or emotional diagnosis | | | |
| Eating disorder | | | |
| Blood disorder (e.g. sickle cell disease, clotting disorder) | | | |
| Fainting spells or dizziness during or after exercise | | | |
| Ear/sinus problems (hearing aid) | | | |
| Frequent sore throats or colds | | | |
| Abdominal/digestive problems (e.g. upset stomach, diarrhea) | | | |
| Muscular/skeletal condition (e.g. back pain) | | | |
| Skin condition (e.g. itching, rash, acne) | | | |
| Excessive fatigue or shortness of breath with exercise | | | |
| Thyroid disease | | | |
| Kidney disease | | | |
| Ever been hospitalized? | | | |
| Surgery | | | Last surgery: |
| Mononucleosis in the past 12 months? | | | |
| Been sick in the last week? | | | |
| Wear eye glasses, contacts or protective eye-wear? | | | |
| Will an orthodontic appliance be brought to camp? (e.g. retainer) | | | |
| Will an orthopedic appliance be brought to camp? (e.g. ankle brace) | | | |
| Other: | | | |

| | | |
|--|---|------------|
| Is your child DIABETIC? <input type="radio"/> Yes <input type="radio"/> No If yes, how often is blood sugar checked? | | |
| Insulin? <input type="radio"/> Yes <input type="radio"/> No | Type | How often? |
| Correction dose? <input type="radio"/> Yes <input type="radio"/> No | If so, order: | |
| Glucagon? <input type="radio"/> Yes <input type="radio"/> No | Glucose tablets? <input type="radio"/> Yes <input type="radio"/> No | |

HEALTH INFORMATION (continued)

ALLERGIES (Use an additional sheet if necessary.) My child has no known allergies.

| Medication Allergies (list) | Food Allergies (list) | Insect Allergies (list) |
|---|---|---|
| <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="radio"/> Rash <input type="radio"/> Hives <input type="radio"/> Swelling</p> <p>Location: _____</p> <p><input type="radio"/> Trouble breathing</p> <p><input type="radio"/> Wheezing</p> <p><input type="radio"/> Blue around the mouth</p> <p><input type="radio"/> Other: _____</p> <p>_____</p> <p>Does child have an EpiPen?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Did you send it to camp?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="radio"/> Rash <input type="radio"/> Hives <input type="radio"/> Swelling</p> <p>Location: _____</p> <p><input type="radio"/> Trouble breathing</p> <p><input type="radio"/> Wheezing</p> <p><input type="radio"/> Blue around the mouth</p> <p><input type="radio"/> Other: _____</p> <p>_____</p> <p>Does child have an EpiPen?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Did you send it to camp?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="radio"/> Rash <input type="radio"/> Hives <input type="radio"/> Swelling</p> <p>Location: _____</p> <p><input type="radio"/> Trouble breathing</p> <p><input type="radio"/> Wheezing</p> <p><input type="radio"/> Blue around the mouth</p> <p><input type="radio"/> Other: _____</p> <p>_____</p> <p>Does child have an EpiPen?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Did you send it to camp?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> |

List other allergies including hay fever, animal dander, poison ivy, etc.

ADDITIONAL HEALTH DISCLOSURE (Use an additional sheet, if necessary.)

Please use this space to provide any additional information about the camper's overall health. We acknowledge that each camper is unique, and that includes specific *behavioral, physical, emotional or mental health* considerations. Each individual's needs are treated with dignity and this information is kept private.

RESTRICTIONS/NECESSARY ADAPTATIONS My child may participate in all camp activities.

Please check the ones in which he/she may **NOT** participate while at camp.

| | |
|--|--|
| <p><input type="checkbox"/> Hiking</p> <p><input type="checkbox"/> Fishing</p> <p><input type="checkbox"/> Shooting Sports</p> <p><input type="checkbox"/> Archery</p> <p><input type="checkbox"/> Boating</p> <p><input type="checkbox"/> Canoeing/Kayaking</p> <p><input type="checkbox"/> Other _____</p> | <p>Please explain any restrictions your camper may have: (For example, which activities cannot be performed, what adaptations may be necessary, etc.):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|--|--|

Swimming ability: Non-swimmer Beginner Intermediate Advanced

HEALTH INFORMATION (continued)

| | |
|---|---|
| MEDICATIONS BEING TAKEN | <input type="checkbox"/> My child is not taking any medication. |
| List ALL medications taken routinely (including over-the counter or nonprescription drugs). Bring enough medication to last the week. Keep in original packaging/bottle that identifies the prescribing physician, the name of the medication, dosage and frequency of administration. (Use an additional sheet if necessary.) *** Medication will be given as written on Rx bottle. Be sure to bring medications with correct instructions. ALL medications MUST be given to Camp Director at check-in *** | |
| Medication #1: _____ To be given at camp? <input type="radio"/> Yes <input type="radio"/> No Dosage? _____ Times taken each day? _____ Reason for medication? _____ _____ | |
| Medication #2: _____ To be given at camp? <input type="radio"/> Yes <input type="radio"/> No Dosage? _____ Times taken each day? _____ Reason for medication? _____ _____ | |
| Medication #3: _____ To be given at camp? <input type="radio"/> Yes <input type="radio"/> No Dosage? _____ Times taken each day? _____ Reason for medication? _____ _____ | |

| |
|--|
| PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATION |
| By initialing below you are directing how first-aid certified staff and/or the designated medical staff are to administer first-aid care for minor injuries, insect bites, stings, headaches, stomach aches, etc., as needed. |
| <p>1. Initial one of the following statements: _____ The camp may administer any over-the-counter medication as deemed necessary by the medical staff or first-aid certified staff. _____ No over-the-counter medications may be administered to my child. _____ Only the following over-the counter medications may be administered to my child: _____</p> <p>2. Initial one of the following: _____ My child has no known medication allergies. _____ My child is allergic to the following medications: _____</p> <p>3. Initial one of the following: _____ If my child forgets or loses his/her sunscreen the camp has my permission to provide any sunscreen deemed necessary. _____ If my child forgets or loses his/her sunscreen the camp DOES NOT have my permission to provide any sunscreen deemed necessary.</p> <p>3. Initial one of the following: _____ If my child forgets or loses his/her bug spray the camp has my permission to provide any bugspray deemed necessary. _____ If my child forgets or loses his/her bug spray the camp DOES NOT have my permission to provide any bugspray deemed necessary.</p> <p>4. Initial one of the following below. _____ I give permission for trained staff at the camp to administer first-aid treatment to my child. I will not hold the Florida Youth Conservation Centers Network or Florida Fish and Wildlife Conservation Commission responsible per my direction. _____ I DO NOT give permission for trained staff at the camp to administer first-aid treatment to my child. I will not hold the Florida Youth Conservation Centers Network or Florida Fish and Wildlife Conservation Commission responsible per my direction. (Additional form required.)</p> <p><i>Please Note: Bring all medications (prescriptions, over-the counter and vitamins) when signing your child in at camp. All must be in original containers. All medications must be turned into the camp director for distribution at the appropriate times each day. Do not bring over-the-counter medications unless your child has allergies to some medications or uses specific brands.</i></p> |

Signature of Parent/Guardian (Verifies information above)

Date

| |
|--|
| FOR OFFICE USE ONLY I have reviewed the health information for this camper. Camp Director's Initials _____ Date _____ |
|--|

RELEASES

| PICK UP RELEASE AUTHORIZATION | |
|--|---|
| <i>**This section must be filled out even if you feel you are the only person that will be picking up your camper. Who would you send in the event you were unable to pick up your child?*</i> | |
| Camper's Name: | |
| Which camp attending? Beau Turner Youth Conservation Center | |
| _____ (Initial) I give permission for the following people to pick up my child. I agree that I, or the person(s) I authorize, will check my child out and I understand that I/they will be asked to show photo identification. | |
| <i>List names and phone numbers of people including parent(s) and emergency contacts permitted to pick-up your child:</i> | |
| Authorized Pick Up Person | Phone Number (include area code) |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| <div style="border: 1px solid black; width: 50%; height: 30px; margin: 0 auto;"></div> <p style="margin: 5px 0 0 0;">Signature of Parent/Guardian (Verifies information above)</p> | <div style="border: 1px solid black; width: 50%; height: 30px; margin: 0 auto;"></div> <p style="margin: 5px 0 0 0;">Date</p> |

| PHOTO RELEASE FORM FOR MINORS | |
|--|---|
| <p>Florida Fish and Wildlife Conservation Commission (FWC)/Beau Turner Youth Conservation Center (BYTCC) wishes to use photographs, videos or voice recordings of minor children. I am the parent or legal guardian of the minor child named below. I, the undersigned, consent and agree that Florida Fish and Wildlife Conservation Commission, including its employees, agents and representatives may photograph my minor child with a television camera, video camera or digital camera.</p> <p>_____ I hereby consent to the use, publication or display by or on behalf of FWC and BYTCC, any photographs and any reproduction thereof or any video or voice recordings in which my minor child may be portrayed or identified. It is understood that Florida Fish and Wildlife Conservation Commission may use, publish and display such photos, photo reproductions and video or voice recordings thereof, in whole or in part, for any promotional or commercial purpose (e.g., website, slide shows, brochures, newspapers/magazine articles or other news releases). I waive all claims for any compensation for such use and waive any and all claims for damages of any kind arising directly or indirectly out of this activity.</p> <p>_____ I do not consent to my child being interviewed, photographed or filmed by news media representatives by Florida Fish and Wildlife Conservation Commission staff or volunteers.</p> | |
| Minor Child's Name: | |
| Minor Child's Primary Address: | |
| Parent/Guardian's Home or Cell Phone: | Parent/Guardian's Work Phone: |
| <div style="border: 1px solid black; width: 50%; height: 30px; margin: 0 auto;"></div> <p style="margin: 5px 0 0 0;">Signature of Parent/Guardian (Verifies information above)</p> | <div style="border: 1px solid black; width: 50%; height: 30px; margin: 0 auto;"></div> <p style="margin: 5px 0 0 0;">Date</p> |

CODE OF CONDUCT

The staff of this camp is committed to providing a safe and enjoyable experience for your child; however, campers are also responsible to assist in these efforts. Parents are responsible to make sure their child brings the appropriate clothing and items to camp. You must review this code of conduct.

BEHAVIOR

1. Campers will accept and get along with others. Put-downs, bullying, foul language, malicious teasing, practical jokes, etc., will not be tolerated from any camper. Campers will be sensitive to others in terms of race, religion, physical characteristics, regional differences and language. Ethnic or religious slurs or jokes will not be tolerated.
2. Campers will respect others and their property. Campers will refrain from touching others in any harmful or inappropriate way.
3. Campers will follow directions the first time they are given. Most of our directions are for the safety of campers and second chances may be too late.
4. Campers are prohibited from bringing firearms, flammables or explosives into the camp. Violation of this policy is grounds for automatic dismissal.
5. The BTYCC is a tobacco, alcohol and drug free camp. Use and/or possession of tobacco, alcohol, drugs and/or any other substance defined as a drug are grounds for automatic dismissal.

HEALTH AND SAFETY

6. Campers will wear closed-toe/closed-heel shoes at all times.
7. Campers will use the buddy system and be supervised by instructors while at camp.
8. Campers will pay attention to their surroundings and use care in all activities.
9. Campers will adhere to all safety rules and regulations given for each activity he/she participates in while at camp.
10. To protect the health of campers and staff, if your child is sick, let the camp director know and keep them home from camp. If it is determined to be a contagious illness, BTYCC must be notified as well. If your child becomes ill during the day at camp, parents/guardians will be contacted. IN ALL CASES OF CONTAGIOUS ILLNESS, a doctor's note stating that the child is no longer contagious is required in order to return to camp.
11. All staff members receive First Aid/CPR/AED training prior to camp. In the event a camper becomes ill or injured at camp, the staff member will make the determination whether the incident is a non-emergency or emergency situation. If it is determined to be an emergency, protocol will be followed and emergency personnel will be contacted, as well as parents/guardians. If it is determined to be a non-emergency, staff will apply first aid measures, and parents/guardians will be notified if deemed necessary.

GENERAL

12. Campers will inform staff if they are experiencing a problem with another camper or other issue. If we are not informed about a problem, we cannot stop the problem or assist the camper. It is the camper's responsibility to seek assistance. If a problem arises between a camper and a particular staff member, the camper needs to seek assistance from another staff member or camp director.
13. All personal belongings and/or equipment brought to camp are the camper's responsibility.
14. BTYCC administrative staff may communicate with parents/guardians by phone, email, written handouts or other means regarding campers.
15. We expect all campers to have fun at camp but not at the expense of others. No one should be mistreated by another person while at camp.
16. Campers may find that the camp experience offered by the Beau Turner Youth Conservation Center is not suited to them. Discussing this with staff is better than complaining about their situation with other campers.
17. Violation of the CODE OF CONDUCT is grounds for automatic dismissal. Refunds are not given when a camper is dismissed for violations of Camper's Code of Conduct.

I have read the above CAMPER'S CODE OF CONDUCT. I agree to follow all of the above rules to ensure that my camp experience (as well as that of other campers in attendance) at the Beau Turner Youth Conservation Center is a positive one. I understand that failure to obey to these rules may result in my dismissal from the program and camp fees will not be refunded.

Camper's Signature

Date

I understand and certify that my child's participation in the Beau Turner Youth Conservation Center and its activities is completely voluntary. I have familiarized myself with the camp's programs and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent in the camp's events and programs. I acknowledge that although the camp has taken safety measures to minimize the risk of injury to camp participants, the camp cannot ensure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the camp's CODE OF CONDUCT for the safety of all camp participants.

Name Signature of Parent/Guardian

Date

RELEASE AND WAIVER OF LIABILITY AND CLAIMS
NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF FLORIDA FISH AND WILDLIFE (FWC), ITS STAFF, VOLUNTEERS AND PARTNERS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM FWC, ITS STAFF, VOLUNTEERS AND PARTNERS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND FWC, ITS STAFF, VOLUNTEERS AND PARTNERS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

In consideration for and as a condition to the undersigned being permitted to enter and use the property leased to the Florida Fish and Wildlife Conservation Commission by R.E. Turner, Reed Beauregard Turner, RBT Partners, LP, Avalon Plantation, LLC, Avalon Plantation II, LLC, and/or RET Properties, LLC (collectively the "Owner"), the undersigned on his or her behalf and on behalf of his or her heirs, legal representatives and assigns (collectively hereinafter referred to as the "Undersigned) hereby RELEASES, WAIVES, AND DISCHARGES the Lessee, Owner and the Owner's respective heirs, legal representatives, employees, agents, members, managers, officers, assigns and affiliates, as appropriate (such parties, together with the Owner and Lessee, hereinafter collectively referred to as the "Released Parties"), from any and all liability, claims demands, or causes of action that the Undersigned may have now or hereafter for any and all injuries to his or her person or property and for damages, including but not limited to, those injuries or damages CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES while the Undersigned is on the property of the Owner or Lessee, for any purpose or participation in any activity whatsoever.

The Undersigned hereby EXPRESSLY AGREES he or she WILL NOT SUE OR MAKE A CLAIM against the Released Parties for damages or other losses sustained as a result of his or her presence on or participation in any activity on such property. The Undersigned further AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Released Parties and each of them from any loss, liability, damage, or cost that the Released Parties may incur due to the presence of the Undersigned on the property of the Owner, including without limitation, subrogation and/or derivative claims brought by and third party or insurer in connection with any injury or damage the Undersigned may suffer while on the property of the Owner. The Undersigned AFFIRMS he or she is currently covered under appropriate general liability and personal health insurance policies issued through a licensed insurance carrier. The Undersigned REPRESENTS AND WARRANTS his or her participation in any activity on the property does not violate any federal, state, and/or local laws and ordinances regulating such activity, if any, and he or she has obtained any necessary permits or licenses to engage in such activity, if required by law.

INITIAL: _____

**STATE OF FLORIDA
COUNTY OF JEFFERSON**

The Undersigned EXPRESSLY ACKNOWLEDGES, AGREES, AND UNDERSTANDS his or her presence and participation in activities on the property have inherent risks and dangers and no amount of care, caution, instruction, or expertise can eliminate these risks and dangers, and he or she EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF DEATH OR PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN SUCH ACTIVITIES ON THE PROPERTY WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES. The Undersigned further EXPRESSLY AGREES the foregoing release, waiver, and indemnity agreement is intended to be as a broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND CLAIMS, AND UNDERSTANDS THAT HE OR SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAS SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO HIM OR HER, AND INTENDS THAT HIS OR HER SIGNATURE IS A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. The Undersigned further AGREES that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

In consideration of the opportunity afforded to my minor child/ward to participate in this FWC's activity, I, the undersigned, on behalf of my child/ward named herein do freely subscribe to the following contractual obligation:

I, on behalf of my child/ward named below, fully understand the risks associated with participation this FWC activity, including live firing of firearms and archery equipment, and do hereby, for my minor child/ward's heirs, executors, and assigns, if applicable, knowingly, freely, and voluntarily assume all risk and liability for any damage or injury to person or property that may occur as a result of my child/ward's participation in activities associated with the activity, and do hereby release, discharge, and covenant not to sue the FWC and its officers, employees, partners, agents, and volunteers, and do hereby waive and discharge all claims for damages that my minor child/ward or I might have against the FWC and its officers, employees, partners, agents, and volunteers for any reason, including FWC's negligence, and agree to indemnify and hold harmless the FWC and its officers, employees, partners, agents, and volunteers, from and against any and all claims, damages, and judgments, of whatever nature, including attorney fees, that may be asserted or entered against any of them in connection with my minor child/ward's participation in any activity connected with this FWC activity.

I on behalf of myself and/or my child/ward, have read the Release and Waiver of Claims and fully understand its terms, and understand that I, on behalf of myself and/or my child/ward, have waived substantial rights by signing this release, and I have signed it freely and without inducement, coercion, or assurance of any nature, and intend it to be a complete and unconditional release of any and all liability, and agree that, if any portion of this Release Waiver of Claims is held invalid by a court of competent jurisdiction, any portion not being held invalid shall remain in full force and effect. I on behalf of myself and/or my child/ward, have also read the guidance for the use of these facilities and fully understand that if at anytime I, and/or my child/ward, fail to follow these guidelines my/our privilege to use these facilities may be denied.

(YOUTH) NAME: _____ SIGNATURE: _____ DATE: _____

I HEREBY CERTIFY THAT I AM THE PARENT OR GUARDIAN OF NAME ABOVE, AND DO HEREBY GIVE MY CONSENT WITHOUT RESERVATION TO THE FOREGOING ON BEHALF OF THIS PERSON.

(ADULT) NAME: _____ SIGNATURE: _____ DATE: _____