



HOOK LAKE JUNIOR ANGLERS FISHING DAY

September 14, 2024



Parent or Guardian Name

First Name

Last Name

Youth Participant Name

First Name

Last Name

Email (required)

Phone Number (a valid phone number is required)

Release Form

In consideration for being allowed to participate in the Junior Anglers of Ohio program, I agree to the following:

If I am injured while residing at, or participating in the Junior Anglers of Ohio program or its auxiliary programs, I and my family agree to waive any legal claim against the Junior Anglers of Ohio, the League of Ohio Sportsmen Foundation, program sponsors and those associated with the program and the State of Ohio. If injured while traveling to or from the Junior Anglers of Ohio program by public, private, or any other means of conveyance, I and my family agree to waive any legal claim against the Junior Anglers of Ohio, the League of Ohio Sportsmen Foundation and staff, program sponsors and the State of Ohio.

Participation and attendance at this program may expose me and/or my family to the COVID-19 virus which can result in being subject to isolation or quarantine requirements, serious illness, temporary or permanent disability, other short-term or long-term health effects, and/or death, regardless of age or health condition. I understand that I must, and I agree that I shall, adhere to all health and safety directives as mandated by the program, the camp, or any government agency while participating in this event. I recognize that I must exercise all available preventative and safety measures at all times, including, but not limited to, enhanced personal hygiene, social distancing, and mask wearing. I agree that, on behalf of myself and my personal representatives, heirs, spouse, guardians, executors, administrators, successors, assigns and next of kin, I and they hereby waive, release, discharge, hold harmless, and agree not to sue the Junior Anglers of Ohio, the League of Ohio Sportsmen Foundation, program sponsors and those associated with the program, and the State of Ohio, with respect to any claim, liability or demand of whatever kind or nature, either in law or in equity (including, without limitation, for personal injuries or wrongful death) that may arise in connection with, or relate in any way to, exposure or contraction of Covid-19 following my participation in this program or related activities.

I agree to abide by the rules and regulations as set forth by the Ohio Department of Natural Resources, and the League of Ohio Sportsmen Foundation, and agree to follow the directions of the supervisor(s) and/or instructor(s) of the session(s).

I certify that I am in reasonably good health and am able to participate in this activity without adversely affecting any health problems. I will also notify the supervisor(s) and/or instructor(s) of any condition, which may affect participation, and of any medication I am taking.

I agree that as a participant in this program, the League of Ohio Sportsmen Foundation, and any program sponsors, may use my image (still or moving), in any format, for publicity purposes in perpetuity without compensation or consideration in any form.

In consideration of being permitted to participate in the Junior Anglers of Ohio program, I, the undersigned ("Releasor") hereby release, waive, discharge, covenant not to sue, agree to indemnify and hold harmless both the League of Ohio Sportsmen Foundation and the program sponsors and their officers, directors, agents, affiliates, employees, and assigns ("Releasees") from any and all negligence of Releasees or otherwise, arising out of or relating to my presence or participation in the aforementioned Junior Anglers of Ohio program and any activities related thereto. This release shall be binding on myself, my heirs, executors and legal representatives.

This Waiver and Release of Liability is subject to the laws and jurisdiction of the State of Ohio and any and all adjudication must be made in Franklin County, Ohio. By signing, I acknowledge and certify that I have read this Waiver and Release of Liability in its entirety and agree to the terms within. I further acknowledge that my typed name serves in lieu of my signature on this form.

Parent or Guardian Acknowledgement (typed signature)

Date: