



***Pheasants Forever/Quail Forever  
Firearms Event Participant Waiver***

Date of Event: \_\_\_\_\_ Name of Event \_\_\_\_\_

I understand that I am choosing to participate in an event involving the use of firearms, and I recognize that firearms, when mishandled, can be dangerous. Further, I understand that it is incumbent upon me to use the utmost care in the exercise of firearm safety. I intend to do so and realize that I have an affirmative duty to do so.

I further realize that Pheasants Forever, Inc., Quail Forever, their members, agents, employees, licensees, volunteers and associates are participating in this event to give me a quality outdoor experience. This participation by the referenced individuals will include travel to certain hunting, shooting or other outdoor areas. It may also include hunting or other activities with dogs. I understand that I will conduct myself in a manner so as to be safe around all of the individuals mentioned herein and their dogs.

Further, I hereby waive all rights to any claim, cause of action, right of litigation of any kind, whatsoever, originating from the event referenced above and thereafter for all time as to Pheasants Forever, the \_\_\_\_\_ Chapter of Pheasants Forever or Quail Forever, members, employees, volunteers, licensees of said organizations and their agents.

I realize it is a privilege to participate in this event and accordingly, I will conduct myself in a safe manner consistent with all affirmative duties which I have heretofore recognized.

\_\_\_\_\_  
Participant Name (Printed)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**If Participant is a minor (under the age of 18), this form also requires the signature of the Participant's parent or legal guardian below. The parent or legal guardian, by signing this form, grants permission to the named Participant to take part in this event, and acknowledges and affirms all of the statements and waivers in this Firearms Event Participant Waiver Form.**

\_\_\_\_\_  
Parent or Legal Guardian Name (Printed)

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date