

# Loudoun County Chapter of the IWLA Hold Harmless & Medical Treatment Agreement

Participants Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

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Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

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Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

### Emergency contacts

Name: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Name: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Name: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

**If I am injured while participating in The Loudoun County Chapter of the Izaak Walton League of America's (LCC-IWLA) Youth Hunter Education Challenge (YHEC) program and or the Scholastic Clay Target Program (SCTP). (1) I and my family agree to wave any legal claim against the Loudoun County Chapter of the Izaak Walton League of America and/or the Izaak Walton League of America and those associated with the above mentioned organizations and this program; (2) I give consent LCC-IWLA to provide medical/athletic training attention, transportation and emergency medical services as warranted.**

**If injured while traveling to or from the LCC-IWLA YHEC programs by public, private or any other means of conveyance, I agree to wave any legal claims against the Loudoun County Chapter of the Izaak Walton League of America and/or the Izaak Walton League of America and those associated with the above mentioned organizations and this program. By signing this release, I swear that I am in such physical condition that participation in this program will not result in my being injured; also I know of no injury or disease that would result in my being injured during any program participation. If I am less then 18 years of age, my parent or guardian shall sign this release for me.**

**I agree that as a guest of the LCC-IWLA I understand and agree to abide by the general rules of conduct prescribed for guest of the LCC-IWLA.**

\_\_\_\_\_  
(Signature - parent if under 18)

\_\_\_\_\_  
(Date)

# Loudoun County Chapter of the IWLA Youth Program Parental Consent Form

Participants Name \_\_\_\_\_ Grade level\_\_\_\_\_

Participants Name \_\_\_\_\_ Grade level\_\_\_\_\_

Participants Name \_\_\_\_\_ Grade level\_\_\_\_\_

Participants Name \_\_\_\_\_ Grade level\_\_\_\_\_

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

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

\_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

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

**Medical Information:** This information is required only to inform the instructors of possible medical concerns and is not meant to exclude any youth from participating.

1. Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, \_\_\_Drug \_\_\_Food \_\_\_Insect \_\_\_Environmental  
Please explain \_\_\_\_\_

\_\_\_\_\_

2. Does child use regular medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

\_\_\_\_\_

3. Do you have any other concerns?  
If yes, please explain \_\_\_\_\_

\_\_\_\_\_

4. I hereby give Loudoun County Chapter of the IWLA the absolute right and permission to publish copyright and use pictures of the above named participant which may be included in whole or in part, composite or retouched in character or form, in conjunction with (initial those applicable)  
\_\_\_\_\_participants own name \_\_\_\_\_ no name to be used \_\_\_\_\_ do not use photos

My son/daughter has permission to attend SCTP & YHEC practice sessions at the LCC-IWLA or other locations chosen by the SCTP & YHEC instructors. I understand that my child will be instructed in the safe and proper use of shotguns, rifles, and archery equipment. He/she will comply with all safety rules while on the ranges. *Parental attendance is strongly encouraged.*

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