ELGIN STEWARDSHIP COUNCIL

Youth Hunting Day Registration Form – Apprentice and Mentor

1) **APPRENTICE APPLICATION**:
   Name of Apprentice: _____
   Address: _____
   Town/City: _____ Postal Code: _____
   Phone # (Home) _____Email:_____
   Hunter Apprenticeship Safety Number: 708158 - _____Age at date of event: _____
   Indicate preference to hunt morning or afternoon: _____
   Indicate whether you will be using a 12 or 20 gauge shotgun: _____
   Have you participated in an Elgin Youth Hunt Day before? Indicate **Yes** or **No**. If yes, how many?
   _____

2) **MENTOR INFORMATION**:
   Name of Mentor: _____
   Address: _____
   Town/City: _____Postal Code: _____
   Phone # (Home): _____Phone # (Bus):_____
   Fax: _____Email: _____
   Date of Birth: _____
   Do you have a valid small game hunting license? Indicate **Yes** or **No**. If no, refer to point #5 in notes below. Years of experience hunting upland game e.g. pheasant, grouse _____

IMPORTANT- NOTE THE FOLLOWING:

1) **REMEMBER TO BRING HUNTER ORANGE VEST AND HEAD COVER. These are a requirement to participate**
2) In signing this application, you give Elgin Stewardship Council permission to check/confirm the information provided
3) Hunting dogs will be provided
4) If you answered NO, you will require a valid small game hunting license by the date of the event and be prepared to show it at the registration desk when you arrive. Apprentices will be required to show their Hunter Apprenticeship Safety Card as well.
5) Please direct all inquiries regarding the application form to 519-631-4491 or email at elginstewardship@outlook.com
6) Be sure to sign and return waiver of liability form with this completed and signed application

Apprentice Signature: Date:

_____ _____

Mentor Signature: Date:

_____ _____

ACTIVITY WAIVER AND RELEASE

THIS ACTIVITY WAIVER AND RELEASE this "Agreement" dated this_____ day of_____, _____
(day) (month) (year)

BETWEEN

_____ of _____
(Name of Apprentice) (address of Apprentice)

The "Participant" OF THE FIRST PART

_____ of _____
(Name of Guardian) (address of Guardian)

The "Guardian" OF THE FIRST PART

AND

Elgin Stewardship Council of 300 S Edgeware Rd. St Thomas, ON, N5P 4L1

The "Activity Provider" OF THE SECOND PART

In consideration of the covenants and agreements contained in this Agreement and other good and valuable consideration, the receipt of which is hereby acknowledged,the parties to this Agreement agree as follows:

Consideration

1 In consideration of being permitted to participate in the activity described below,the Participant and the Guardian release and forever discharge the Activity Provider, its owners,directors,officers,employees,agents,assigns,legal representatives and successors from all manner of actions, causes of action, debts, accounts, bonds, contracts, claims and demands for or by any reason of any injury to person or property,including injury resulting in the death of the Participant, which has been or may be sustained as a consequence of the Participant's participation in the activity described below, and not withstanding that such damage,loss or injury may have been caused solely or partly by the negligence of the Activity Provider.

2 The Participant and the Guardian understand that the Participant would not be permitted to participate in the activity described below unless the Participant and the Guardian have signed this agreement

Initials: _____

Details of Activity

3 On the designated Annual Youth Hunt Day, the participant will engage in the following activity: Annual Youth Hunt Day at Fingal Wildlife Management Area

Concurrent Release

4 The Participant acknowledges that this Agreement is given with the express intention of effecting the extinguishment of certain obligations owed to the Participant and with the intention of binding the Participant's and the Guardian's heirs,executors,administrators,legal representatives and assigns

Fitness to Participate

5 The Participant/Guardian acknowledge that the Participant does not have any physical limitations,medical ailments, physical or mental disabilities that would limit or prevent the Participant from participating in the above-mentioned activity.If required the Participant will obtain a medical examination and clearance

Full and Final Settlement

6 The Participant and Guardian hereby acknowledge and agree that the Participant and the Guardian have both carefully read this Agreement, and that both fully understands the same and that they are freely and voluntarily executing the same.

7 The Participant and the Guardian understand that by signing the Agreement that they agree to be forever prevented from suing or otherwise claiming against the Activity Provider for any property loss or personal injury that the Participant may sustain while participating in or preparing for the above noted activity

8 The Participant and the Guardian have been given the opportunity and have been encouraged to seek independent legal advice prior to signing this Agreement.

9 This Agreement contains the entire agreement between the parties to this Agreement and the term of this Agreement are contractual and not a mere recital.

Initials: _____

Governing Law

10 This Agreement will be governed by and construed in accordance with and governed by the laws of the province of Ontario.

Emergency Contact

Participant Name _____

Emergency Contact Name _____

Relationship to Participant _____

Phone number_____

IN WITNESS WHEREOF, the Participant, the Guardian and the Activity Provider have duly affixed their signatures under hand on this _____ day of _____, _____
(day) (month) (year)

Elgin Stewardship Council

Per_____Witness_____

_____ _____
Participant Witness

_____ _____
Guardian Witness

Initials: _____

After completing the form, download, save and email to elginstewardship@outlook.com