



DOVE 101 in Hondo, August 12, 2017

Texas Dove Hunters Association  
900NE Loop 410, Ste. D213 San Antonio, TX 78209  
Toll Free: 210-764-1189 ~ Fax 866-233-0507  
**TEXASDOVEHUNTERS.COM**

### **Release of Liability and Acceptance of Risks (One form per family)**

     **Parent/Guardian**      **Appointed Guardian**

I have knowingly and willingly entered into a TDHA activity and agree to abide by its rules, terms, provisions and conditions. I understand that if I or my child displays unsafe, unethical, illegal, or disruptive actions/attitudes or disobeys rules/policies, he/she and myself may be removed from the activity in the sole discretion of TDHA, who has absolute authority over the activity. In the event photographs, slides, interviews or video tapes are made of myself or my child, I consent to the release of those images for use by the TDHA.

IN CONSIDERATION FOR THE RIGHT TO PARTICIPATE IN THE TDHA ACTIVITY, I UNCONDITIONALLY RELEASE, INDEMNIFY AND HOLD HARMLESS:

- \_\_\_\_\_ (LANDOWNER)
- TEXAS DOVEHUNTERS ASSOCIATION

AND ALL THEIR OFFICERS, DIRECTORS, TRUSTEES, EMPLOYEES, VOLUNTEERS, AGENTS, INDIVIDUALLY AND COLLECTIVELY ("RELEASED PARTIES") FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION AND DAMAGES, INCLUDING ATTORNEYS' FEES, FOR PERSONAL INJURY OR LOSS EITHER AT OR EN ROUTE TO AND/OR FROM THE TDHA ACTIVITY, RESULTING FROM ANY ACCIDENT, INCIDENT OR OCCURRENCE ARISING OUT OF, INCIDENTAL TO OR IN ANY WAY RESULTING FROM, THE TDHA ACTIVITY WHETHER OR NOT CAUSED BY ANY RELEASED PARTY'S NEGLIGENCE OR GROSS NEGLIGENCE. I AGREE THAT I, MY HEIRS, SUCCESSORS AND ASSIGNS WILL NOT MAKE ANY CLAIM OR INSTITUTE ANY SUIT AGAINST THE RELEASED PARTIES. THIS RELEASE IS FULL, FINAL AND UNCONDITIONAL, AND IS GIVEN FOR GOOD AND VALUABLE CONSIDERATION. BUT FOR THIS RELEASE, THE NAMED CHILD OR I WOULD NOT BE ALLOWED TO PARTICIPATE IN THE TDHA ACTIVITY. ***THIS RELEASE IS INTENDED, AND SHALL BE CONSTRUED, TO EXCLUDE THE RELEASED PARTIES FROM ANY AND ALL LIABILITY.***

I further acknowledge and understand that no warranty, either expressed or implied, is made by TDHA as to the TDHA activity, or of any roads, buildings, gates or other improvements, and that dangerous conditions, risks and hazards do exist, including: poisonous snakes, insects and spiders; blinds and tree stands, whether or not erected by participant(s); erosion and general condition of the land, both on and off roadways or trails, creating rough, hazardous and dangerous driving and walking conditions; animals both wild and domestic that may be diseased and/or potentially dangerous; deep water; persons with firearms and knives; and the use of vehicles. I am aware of these conditions and expressly assume all dangers, risks and hazards.

I give permission to have emergency first-aid administered in the sole discretion of TDHA and to be transported by the most expedient means of conveyance to the nearest physician, hospital, or clinic and to there receive such treatment as is medically prescribed by physician(s). If I do not accompany any minor child at the TDHA activity, I authorize \_\_\_\_\_ to serve as my child's guardian during the TDHA activity: DOVE 101 .



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Unless assistance is requested prior to the hunt, I assume responsibility for properly identifying any animal to be harvested. I will pay restitution for any unauthorized game that is harvested.

As used in this release, the terms *I, my person* and *myself* applies regardless of the nature of my involvement with the TDHA, and whether or not I attend any TDHA activity, accompany a minor child, serve as a volunteer, or otherwise, and includes to the maximum extent permitted by law any minor children participating in any TDHA activity.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Parent/Guardian Signature

\_\_\_\_\_

Parent/Guardian's Printed Name

\_\_\_\_\_

Address of Adult:

\_\_\_\_\_

Email address:

\_\_\_\_\_

Name and address of youth hunter:

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Name/address of **other** members of my group:  
(if applicable)

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Name:

\_\_\_\_\_

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_



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