



PHEASANTS FOREVER/QUAIL FOREVER EVENT PARTICIPANT WAIVER FORM

I understand that I am choosing to participate in an event involving _____

Further, I understand that it is incumbent upon me to use the utmost care in the exercise of 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 educational and/or outdoor experience. This participation by the referenced individuals may include travel. I understand that I will conduct myself in a manner as to be safe around all the individuals mentioned herein.

I may be exposed to or infected by COVID-19, or another communicable disease(s), by participating in Pheasants Forever Inc. and/or Quail Forever event or activity, including a spectator, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed or infected by COVID-19, or another communicable disease(s), may result from the actions, omissions, or negligence of myself and others, including but not limited to, Pheasants Forever/Quail Forever employees, agents, representatives, volunteers, customers, and any others to present on the premises of the event.

Further, I hereby waive all rights to any claim, cause of action, right of litigation of any kind, whatsoever, originating from the _____ event and

(date of event and sponsoring chapter name)

thereafter for all time as to Pheasants Forever, Inc., the _____
(sponsoring chapter name)

chapter of Pheasants Forever/Quail Forever, members, employees, volunteers, licensees or 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.

I grant to Pheasants Forever Inc. and Quail Forever, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Pheasants Forever Inc. and Quail Forever to use and publish the same in print and/or electronically. I agree that Pheasants Forever Inc. and Quail Forever may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above:

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 the statements and waivers contained in this Event Participant Waiver Form.

Parent or Legal Guardian Name (Printed)

Parent or Legal Guardian Signature

Date