

## COLORADO PARKS & WILDLIFE

## STUDENT CONSENT FORM

Please sign this form and give it to your instructor. This form must be turned in before class begins to be able to participate in the class.

Student Name:	D.O.B:
Phone Number:	D.O.B: Email:
Gender: M / F Ethnicity:	<u></u>
Mailing Address:	
Physical Address:	
Please <u>Carefully</u> Read the Following Infor	mation:
	a Hunter Education course, I must successfully complete the "live fire" exercise. In possessing firearms by any State or Federal Law. in ition to class.
I have read and fully understand the above st	catements.
Signature of student	Date (month, day, year)
Parent/Guardian Liability Release (for	r students age 17 and younger):
of Parks and Wildlife and all other department of the State, from any and all liability for any all injuries to the participant's person or prop participation in the Division of Parks and Wi of the State of Colorado, the Division of Park institutions, officials, employees and agents of	, to participate in this hunter education in the use of firearms. I hereby RELEASE the State of Colorado, the Division ints, agencies, commissions, boards, institutions, officials, employees and agents y and all causes of actions which I [we] may hereafter have on account of any and perty, including death, arising out of or related in any way to the Participant's iddlife Hunter Education Course, whether such injury results from the negligence ks and Wildlife or any other departments, agencies, commissions, boards, of the State, or from any other cause.
Signature of parent or guardian	Date (month, day, year)
Student Liability Release (for students	s age 18 and older):
departments, agencies, commissions, boards, liability for any and all causes of actions whi participant's person or property, including de Division of Parks and Wildlife Hunter Educa	
Signature of student	Date (month, day, year)