

## **Parental Release**

I, the undersigned, hereby give permission for \_\_\_\_\_ (*name of student*) to participate in the Oregon Hunter Education Course. I understand that participation in this course may include handling of firearms including handguns and may include target shooting. I hereby give permission for \_\_\_\_\_ (*name of student*) to handle and shoot any firearms while under the direction of the class instructors.

I also certify that \_\_\_\_\_ (*name of student*) is not prohibited from possessing a firearm under ORS 166.250 in that he/she has not been:

- convicted of a felony or found guilty of a felony (except for insanity under ORS 161.295);
- committed to the Mental Health and Developmental Disability Services Division under ORS 426.130;
- found to be mentally ill and subject to an order under ORS 426.130 that prohibits them from purchasing or possessing a firearm as the result of the mental illness; or
- found to be within the jurisdiction of the juvenile court for having committed an act which, if committed by an adult, would constitute a felony or misdemeanor involving violence, as defined in ORS 166.470; and has not been discharged from the jurisdiction of the juvenile court within four years.

*(continued on other side)*

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I hereby waive any claim or cause of action of any nature arising as a result of, or in connection with, the instruction or the use of any facilities by \_\_\_\_\_  
(name of student).

I acknowledge my responsibilities for the actions of my child through 18 years of age. I also realize that persons under the age of 14 must be accompanied by an adult while hunting on lands other than those owned by a parent or legal guardian.

In the event of an emergency, accident or illness, I authorize the agency and its employees or volunteer instructors to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. My signature below hereby represents that I have read, understand and consent to this agreement.

Dated \_\_\_\_\_ Signed \_\_\_\_\_

Relationship \_\_\_\_\_

**Student: This form must be completed and signed by your parent or legal guardian and returned to the class instructor before you can participate in any activities involving firearms.**

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