

**Waiver and Release from Liability  
for the Take One Make One™ Program**

I hereby forever **RELEASE AND DISCHARGE** the South Carolina Department of Natural Resources, its employees and agents, from any and all liabilities, claims, demands, or causes of action that I may hereafter have for injuries and damages arising out of my participation in the activities of the **Take One Make One™** program.

I further agree that **I WILL NOT SUE OR MAKE A CLAIM** against the released parties for damages or other losses sustained as a result of my participation in the **Take One Make One™** program. I also agree to **INDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS** from all claims, judgements, and costs including attorney's fees, incurred in connection with any action brought as a result of my participation in the **Take One Make One™** program.

I understand that because of the risks involved in the activities of the **Take One Make One™** program, the **RELEASED PARTIES** are making no warranty of any kind, express or implied, concerning any and all equipment or facilities provided by the **RELEASED PARTIES**. Outdoor activities can be dangerous and associated equipment such as rifles, shotguns, firearms ammunition, archery equipment, and motor vehicles do not always function the way they are expected to perform.

As part of the consideration for my being allowed to participate in the activities of the **Take One Make One™** program, **I PROMISE NOT TO SUE** any of the released parties for any cause of action whatsoever.

My signature or that of my parent or legal guardian below certifies that I have read this form carefully and that I understand the risks associated with the activities of the **Take One Make One™** program.

Student Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Student Application**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

*Street City State Zip*

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ School: \_\_\_\_\_

Sex: Male  Female  Race: White  Hispanic  Black  Asian  Other

List any medical conditions such as allergies that the SCDNR needs to be aware of \_\_\_\_\_

Name of parent guardian: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

Are you Hunter Education certified? Yes  No  If yes, in which state? \_\_\_\_\_

1. Have you ever hunted before? Yes  No  If yes, what did you hunt? \_\_\_\_\_

If yes, how many years have you hunted? \_\_\_\_\_

2. Have you ever harvested an animal? Yes  No  If yes, what type? \_\_\_\_\_

3. Which hunting activities interest you most? (Please check all that apply)

Deer  Turkey  Waterfowl  Dove  Small Game (Squirrel, Rabbit, Quail)

4. What type of hunting equipment do you have access to? \_\_\_\_\_

\*Parent/Guardian may have to provide transportation to and from hunting/fishing areas.