



Florida Fish and Wildlife
Conservation Commission
MyFWC.com

Florida Fish and Wildlife Conservation Commission

Florida Hunter Safety Event Registration Form

Last Name	First Name	M.I.	Date of Birth ____/____/____
Street Address	City	State	Zip
() Daytime Phone Number	Email Address		

Additional names and birthdays of those attending with you:					
	Name	Date of Birth		Name	Date of Birth
1			6		
2			7		
3			8		
4			9		
5			10		

How did you hear about this event?	<input type="checkbox"/>	Television	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	FWC	<input type="checkbox"/>	Friends	<input type="checkbox"/>	Other
	<input type="checkbox"/>	Radio	<input type="checkbox"/>	Magazine	<input type="checkbox"/>	Website	<input type="checkbox"/>	Family	<input type="checkbox"/>	

Are you interested in receiving mailings or e-mail notifications on upcoming training courses and events? If yes, please place a check by the subjects you are interested in:								Yes		No
<input type="checkbox"/>	Conservation Education	<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Hunter Safety Course	<input type="checkbox"/>				Deer Hunting
<input type="checkbox"/>	Photography/Wildlife Viewing	<input type="checkbox"/>	Olympic-Style Archery	<input type="checkbox"/>	Bowhunter Education	<input type="checkbox"/>				Turkey Hunting
<input type="checkbox"/>	Plant /Tree Identification	<input type="checkbox"/>	First Aid/CPR	<input type="checkbox"/>	Basic Shotgun	<input type="checkbox"/>				Quail Hunting
<input type="checkbox"/>	Biking	<input type="checkbox"/>	Survival Skills	<input type="checkbox"/>	Basic Rifle	<input type="checkbox"/>				Duck Hunting
<input type="checkbox"/>	Paddling	<input type="checkbox"/>	GIS/Orienteering	<input type="checkbox"/>	Basic Muzzleloading	<input type="checkbox"/>				Small Game Hunting
<input type="checkbox"/>	Other:									

I understand that participation in this event involves instruction on the safe handling and use of firearms, including the firing of rifles and shotguns. Knowing this, and in consideration of the above-named person(s) being permitted to attend, and in consideration of the instructors and the use of the facilities of the Florida Fish and Wildlife Conservation Commission and the volunteers and sponsoring organizations:

I hereby waive any claim or cause of action of any nature whatsoever arising as a result of participation in this event, or in connection with the use of the aforementioned facilities by myself or any minor attending with me, or arising from his or her presence on or about the property or facilities of the sponsoring organization, or his or her association with their instructors or representatives. I also understand that photographs may be taken during the day and may be used in future support of the program.

I, the undersigned, being the parent(s) or legal guardian(s) of the above-named person, who is less than the age of 18, has a disability or due to other special circumstances, give him/her permission to attend this event.

Signature: _____ Date: _____

Signature: _____ Date: _____