



Application and release form to participate in a SIDEKICKS youth hunt.

**Sidekicks Information
(For child who already hunts)**

First Name: Last Name: Age: DOB:

Street Address:

City: State: Zip:

Hunter Education Certification Number:

Pick two kinds of hunting you'd like to do with your SIDEKICK: 1. _____ 2. _____
Pick your two favorite kinds of hunting, e.g., deer hunting, rabbit hunting with beagles, turkey hunting, squirrel hunting with dogs, dove hunting.
We can't guarantee an exact match to your favorite kinds of hunting, but we'll make an effort to match you with one of your preferred hunts.

**Parent/Guardian Information
(For parent who will be attending the hunt)**

First Name: Last Name: Age: DOB:

Street Address:

City: State: Zip:

Daytime Phone Number: Evening Phone Number:

- I am either the parent/guardian or the one responsible for the above child. I am at least 25 years old and agree to take both children on a hunting trip that the above child chooses from a GONetwork menu of options. I understand this is not a hunting trip for me but for both children.
- Both children are between the ages of 10 and 17, and both have completed hunter-safety courses. Both children are my responsibility during the entire hunting event. It's my responsibility to ensure that both children abide by all rules, conditions, terms and provisions of the hunt.
- I understand that if either child displays any unsafe, unethical, illegal, or disruptive behavior or disobeys rules/policies of the hunt, the entire party may be removed from the activity in the sole discretion of the GONetwork or the landowner who is providing the SIDEKICKS hunt.
- I consent to allows photographs and interviews of my child to be released to *Georgia Outdoor News* and *Networker* magazines for publication.
- I agree to not hold liable the GONetwork or the landowner providing the SIDEKICKS hunt.

Parent/Guardian Signature _____ Date: _____

**Sidekicks Information
(For child who has never hunted)**

First Name: Last Name: Age: DOB:

Street Address:

City: State: Zip:

Daytime Phone Number: Evening Phone Number:

Hunter Education Certification Number:

Parent/Guardian Name: First Name: Last Name:

Daytime Phone Number: Evening Phone Number:

- I am the parent/guardian of the above child. I understand that SIDEKICKS is a youth-hunting program under the GONetwork designed to encourage children to hunt in a safe environment. I have knowingly and willingly entered my child into SIDEKICKS.
- I agree that my child has never been hunting and has agreed to go with the youth listed above. My child has passed the required hunter-safety course.
- I understand my child will be going hunting with the child and parent/guardian listed above. I understand that same parent/guardian is responsible for my child and his/her actions during the hunt.
- I understand that if my child displays any unsafe, unethical, illegal, or disruptive behavior or disobeys rules/policies of the hunt, the entire party may be removed from the activity in the sole discretion of the GONetwork or the landowner who is providing the SIDEKICKS hunt.
- I give permission to have emergency first-aid administered to my child in the sole discretion of the parent/guardian or landowner. I agree for my child to be transported to the nearest physician, hospital, or clinic and to there receive such treatment as is medically prescribed by physician(s).
- I consent to allows photographs and interviews of my child to be released to *Georgia Outdoor News* and *Networker* magazines for publication.
- I agree to not hold liable the GONetwork or the landowner providing the SIDEKICKS hunt.

Parent/Guardian Signature _____ Date: _____

Print this application. Fill it out and mail to: SIDEKICKS, 4331 Seven Islands Rd., Madison, Ga. 30650.