

ALASKA DEPARTMENT OF FISH AND GAME

# HUNTER INFORMATION AND TRAINING PROGRAM

***STUDENT CONSENT*** (ALL students must fill out this form, regardless of age. If the student is under 18, a parent or guardian should fill out and sign this form.)

**Student's Name** \_\_\_\_\_  
Last First Middle initial

**Date of Birth** \_\_\_\_\_ [ ] [ ] (check one)  
month / day / year Male Female

**Residence Address** \_\_\_\_\_  
Address City State Zip

**Mailing address** \_\_\_\_\_  
Address City State Zip

- A. By my signature below, I authorize myself or the above named student to enroll in Alaska's Hunter Education Program as outlined by the program manual. I understand that I/he/she will be trained by a volunteer instructor under the authority of the Department and that training will include knowledge, attitudes and skills of and about hunting. I also understand that such training shall include the handling of firearms, muzzleloaders, or archery equipment.
- B. I further acknowledge that I/he/she will be tested on the course topics which include proper handling of hunting equipment, wildlife conservation and management and hunter responsibility. It is my understanding that the instructor makes the final decision whether to pass or fail the student. I understand that students are expected to behave in a polite and responsible manner. They should be respectful and obedient to those in charge. I understand that students can and will be failed based on any disruptive, uncooperative, or unsafe behavior. I also understand that the instructor may require parental attendance for students under the age of 16.
- C. **Does the student named above have any physical or learning disabilities that the instructor should be aware of?** [ ] [ ] If the student requires special accommodations, please call 267-2187 prior to the course.  
NO YES

If answered **yes**, please describe \_\_\_\_\_  
\_\_\_\_\_

- D. I hereby give permission for myself or the above named student to attend the Hunter Information and Training Program (HIT), as specified above. It is understood that all HIT Program courses are taught by volunteer instructors. I hereby waive any claim or cause of action of any nature arising as a result of, or in connection with, the instruction provided, the use of any facilities where the courses are held by the above named student or adult, or arising from his/her presence at the said facilities, its instructors or representatives.

\_\_\_\_\_  
**Signature of Student (or Parent/Guardian if student is under 18 years old)** \_\_\_\_\_  
month / day / year

**Phone#** ( ) \_\_\_\_\_

**<<<<PLEASE GIVE THIS FORM TO YOUR INSTRUCTOR>>>>**