

Reports and Forms

Chapter 10



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Listing of Forms

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**Colorado Division of Wildlife
Hunter Outreach Program**

***WAIVER, RELEASE OF LIABILITY AND AGREEMENT TO
INDEMNIFY AND HOLD HARMLESS***

We, _____, the “youth hunter,” and _____
_____, the parent(s) or legal guardian(s) of the youth
hunter, whose address is _____, in
consideration for the youth hunter’s participation in the Youth/Hunter Outreach Program with the
Division of Wildlife, do hereby state and agree:

1. We acknowledge that the youth hunter’s participation in the Youth/Hunter Outreach Program involves certain dangers, including, but not necessarily limited to, those associated with the discharge of firearms and other hunting activities, the risks of which we assume, and which include, but are not necessarily limited to, injury or death.
2. We expressly represent to the Division of Wildlife that I/the youth hunter has no medical condition or physical limitation, which would adversely effect my/his/her ability to participate in the Youth/Hunter Outreach Program; and that I/he/she, has adequately prepared myself/himself/herself for such activity.
3. We do hereby, RELEASE the State of Colorado, the Division of Wildlife and all other departments, agencies, commissions, boards, institutions, officials, employees, agents of the State and participating sponsors, landowners and volunteers, from any and all liability for any and all causes of action which I may hereafter have on account of any and all injuries to my/the youth hunter’s person or our property, including death, arising out of or related in any way to the youth hunter’s participation in the Youth/Hunter Outreach Program, whether such injury results from the negligence of the State of Colorado, the Division of Wildlife or any other departments, agencies, commissions, boards, institutions, officials, employees, or agents of the State, or from any other cause.
4. We do hereby COVENANT NOT TO SUE the State of Colorado, the Division of Wildlife and all other departments, agencies, commissions, boards, institutions, officials, employees, agents of the State and participating sponsors, landowners and volunteers and agree to INDEMNIFY, SAVE AND FOREVER HOLD THEM AND EACH OF THEM HARMLESS from any liability, and do hereby WAIVE any and all claims, demands, actions or causes of actions against them or each of them arising out of or related in any way to my/the youth hunter’s participation in the Youth/Hunter Outreach Program, whether said claim, demand, or cause of action arises from the negligence of the State of Colorado, the Division of Wildlife or any other departments, agencies, commissions, boards, institutions, officials, employees or agents of the State, of from any other cause.

5. We do hereby ASSUME ALL RISK of loss, damage or injury to my person/the person of the youth hunter or our property, including death, arising out of or related in any way to the youth hunter's participation in the Youth/Hunter Outreach Program.
6. This RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY AND HOLD HARMLESS shall be binding upon us and our heirs, executors, administrators, personal representatives, successors and assigns, and shall inure to the benefit of the State of Colorado, the Division of Wildlife and all other departments, agencies, commissions, boards, institutions, officials, employees, agents of the State or participating sponsors, landowners and volunteers, and their heirs, executors, administrators, personal representatives, assigns and successors in office.
7. I give permission to have emergency first-aid administered at the sole discretion of the Huntmaster and to be transported by the most expedient means of conveyance to the nearest physician, hospital or clinic.
8. ***I authorize _____
to serve as my child's guardian during the Hunter Outreach activity. As used in this release, the terms I, my person and we applies regardless of the nature of my involvement with the activity and whether or not I personally attend the activity or appoint a guardian to act in my behalf.***

DATE: _____ SIGNATURE: _____
(Youth Hunter)

DATE: _____ SIGNATURE: _____
(Parent)

DATE: _____ SIGNATURE: _____
(Legal Guardian)

**Colorado Division of Wildlife
Hunter Outreach Program
6060 Broadway, Denver CO 80216**

MARKSMANSHIP CERTIFICATION

All hunters participating in the DOW sponsored hunt program must be proficient with the firearm or archery equipment they intend to use on the hunt. Practice with a firearm insures the hunter is familiar with the firearm, has become accurate with shot placement and confident in his/her ability to use the firearm safely. It is the responsibility of the hunter to practice with the firearm prior to a hunting activity.

All hunters will accomplish the following prior to participating in a sponsored hunt:

1. Each participant selected for a sponsored hunt is required to practice with the firearm or bow, intended for use on the hunt, prior to the hunt. This practice may be accomplished over a period of days (recommended). The practice sessions must include:
 - a). For Rifle hunts: A minimum of 10 rounds of factory loaded ammunition fired at a target at a range of 100 yards. Hunter must be able to properly load and unload ammunition and clearly identify all safety features on his/her firearm.
 - b). For Shotgun hunts: A minimum of 10 rounds of factory loaded ammunition at clay targets or for turkey a stationary target at varied distances. Hunters must be able to properly load and unload ammunition and clearly identify all safety features on his/her firearm.
 - c). For archery hunts: A minimum of 10 arrows placed in an archery target at a range of 20 yards.
2. When possible, the Huntmaster will require each hunter to demonstrate proficiency and knowledge of the firearm/bow as part of the DOW hunt event. The Huntmaster may exclude any participant from hunting until the hunter is familiar and proficient with the firearm/bow.
3. Certification Statement:
We certify that _____ (hunter name) has met the above-required minimum practice requirements and has shown proper safety and knowledge of the firearm/bow in sufficient manner to be allowed to participate in a DOW sponsored hunting activity.

Participant _____
Signature Date

Parent/Guardian _____
Signature Date

Colorado Division of Wildlife
Hunter Outreach Program
Health History Form
Adult

INSTRUCTIONS: Complete the entire form and bring it with you to the hunt along with any medications you require that have been prescribed by a doctor.

Name and date of hunt _____

Name _____
(Last) (First) Middle

Address _____
Street City State Zip

Date of Birth _____ Age _____

Parent or Guardian Name _____

Home Phone () _____

Person to Contact in case parent or guardian cannot be reached in an emergency:

Name _____ Phone Number _____

Name _____ Phone Number _____

Are you physically challenged? _____ If so, please explain _____

Health History: Please check any that apply

Frequent ear infections _____ Heart disease or defect _____
Diabetes _____ Convulsions _____
Bleeding/clotting disorders _____ Asthma _____
Allergic to bee stings _____ Allergic to Penicillin _____
ADD _____ Hay Fever _____
Chronic or recurring illness _____ Allergic to food items _____ (please list)
Approximate date of last tetanus shot _____

Family Physician _____
Phone Number _____

Are you bringing any special medications prescribed by a doctor? _____ If so, name of medication and purpose _____

Please list any medical concerns that you feel the Huntmaster should be made aware of prior to the hunt. _____

Colorado Division of Wildlife
Hunter Outreach Program
Health History Form
Youth

INSTRUCTIONS: Complete the entire form and bring it with you to the hunt along with any medications you require that have been prescribed by a doctor.

Name and date of hunt _____

Name _____
(Last) (First) Middle

Address _____
Street City State Zip

Date of Birth _____ Age _____

Parent or Guardian Name _____

Home Phone () _____

Person to Contact in case parent or guardian cannot be reached in an emergency:

Name _____ Phone Number _____

Name _____ Phone Number _____

Are you physically challenged? _____ If so, please explain _____

Health History: Please check any that apply

Frequent ear infections _____ Heart disease or defect _____
Diabetes _____ Convulsions _____
Bleeding/clotting disorders _____ Asthma _____
Allergic to bee stings _____ Allergic to Penicillin _____
ADD _____ Hay Fever _____
Chronic or recurring illness _____ Allergic to food items _____ (please list)
Approximate date of last tetanus shot _____

Family Physician _____
Phone Number _____

Are you bringing any special medications prescribed by a doctor? _____ If so, name of medication and purpose _____

Please list any medical concerns that you feel the Huntmaster should be made aware of prior to the hunt. _____

Colorado Department of Natural Resources
Division of Wildlife
Hunter Outreach Program
6060 Broadway, Denver Colorado 80216 (303-291-7248)

Use of Premises Agreement

This agreement is made and entered into by and between _____

(Landowner) and the Colorado Division of Wildlife (CDOW), Hunter Outreach Program.

WHEREAS the Landowner and the CDOW have mutual goals of introducing youth and novice hunters to the outdoors, furthering the objectives of the Hunter Outreach Program by providing unique hunting opportunities, hands-on experiences and providing families the opportunities and privileges associated with hunting.

NOW, THEREFORE, in consideration of the performance of the following conditions, Landowner hereby grants to the CDOW Hunter Outreach Program the right to use the premises to conduct youth outdoor recreation programs, including sponsorship of supervised hunting. This grant is subject to the following conditions, which are expressly agreed to by the CDOW Hunter Outreach Program and the Landowner.

1. Landowner agrees to permit access to the premises for the purpose of a sponsored activity provided by the CDOW Hunter Outreach Program.
2. Landowner will allow representatives of the CDOW Hunter Outreach Program to enter onto the property to plan and make provisions for use under the terms of this Agreement, as long as the Landowner is notified and gives consent.
3. It is expressly understood by the Landowner and the Hunter Outreach Program that the activities conducted on the property are bound by the Colorado state statutes, Title 33 and Wildlife Commission Regulations and that violations of these laws will be brought to the immediate attention of the Landowner and the Hunter Outreach Program Coordinator for review and action.
4. All participants involved in CDOW sponsored activities on the premises must sign a waiver and agree to hold the Landowner, CDOW, their agents, employees and representatives harmless against any claims of any character, to the extent allowed by Colorado Law, of all persons whomsoever which result directly or indirectly from sponsored activities on the premises.
5. Hunter Outreach Program sponsors and volunteers agree to remove all equipment and trash from the premises at the end of the sponsored activity. Activity participants will respect all property improvements and return gates, fences and buildings used by the participants to the condition found upon arrival at the premises.
6. This agreement, when signed, constitutes the only agreement between the Landowner and the CDOW Hunter Outreach Program and supersedes any prior understandings or agreements. No amendment of this agreement will be binding unless it is in writing and signed by the Landowner and the CDOW Hunter Outreach Program.

Either party may terminate this Agreement at any time by written notice delivered to the other at the address set below.

In witness hereof, the undersigned Landowner and the CDOW Hunter Outreach Program, through its representative, execute this agreement on the date of the last signature.

LANDOWNER

HUNTER OUTREACH PROGRAM

Printed Name

Printed Name of Representative

Signature

Signature

Address

Address

City, State, ZIP

City, State, ZIP

Phone number

Phone number

**Colorado Division of Wildlife
Hunter Outreach Program
Hunt Registration Form**

Date of Hunt _____
 Location of Hunt _____
 Landowner Name and Address _____

 Game Species Hunted _____

Waiver Signed
 Health History
 Hunting License
 Marksmanship Training
 HE verified

Name of Hunter	Address (City, State, Zip)	Phone Number	Age						

**Colorado Division of Wildlife
Hunter Outreach Program
Hunt Registration Form
Volunteer/Sponsor**

Date of Hunt _____
 Location of Hunt _____
 Landowner Name and Address _____

 Game Species Hunted _____

Name of Volunteer/Sponsor	Address (City, State, Zip)	Phone Number	Age	Waiver Signed	Health History	Guide	Volunteer	Sponsor

Risk Management Worksheet (for deliberate and daily risk management)

A. Hunt						B. Date Begin: End:				C. Date Prepared	
D. Prepared By:											
E. Activity	F. Hazards	G. Initial Risk	H. Measures Taken	I. Final Assessment	J. Planned Actions						
1. Transportation											
DOW Vehicle	Vehicle accident										
Private Vehicle											
Landowner Vehicle											
2. Weather											
Sun											
Rain											
Snow											
Wind											
Heat Index											
Lightning											
3. Terrain											
Flat Open											
Flat wooded											
Mountain <8000 ft											
Mountain > 8000 ft											
Marsh or Water											
4. Hunter Age											
< 10 years											
> 10 years											
5. Firearms											
Rifle											
Shotgun											
6. Game Animal											
Big Game											
Small Game											
Upland/Waterfowl											
K. Overall Risk level after controls are implemented (circle one):						L. Approval: _____					
Low Moderate High Contact DOW Extremely High: Cancel hunt											
Emergency Preparedness: Directions to Medical facility											
Phone number for EMS/Law Enforcement											

INCIDENT REPORT

Report all serious incidents as soon as possible. If the incident involves serious injury or death report to the Hunter Outreach Coordinator immediately by telephone at 303-916-0255. If a minor incident that can be resolved and in the consideration of the Huntmaster is not time sensitive, complete the report and send as soon as possible

Call: 303-291-7545 and provide voice message

Fax: 303-291-7113 and use this form

Mail to: Division of Wildlife 6060 Broadway, Denver CO 80216 (last resort)

1. Name of Hunt _____
2. Location of Hunt _____
3. Date of Hunt _____
4. Nature of the incident. (Who, What, When , Where, How) _____

Use more room on back if required

5. Names and phone numbers of persons involved or witness to the incident.

6. Follow-up Required

7. Final Disposition of the incident

8. Huntmaster Signature and Phone Number _____

POST HUNT REPORT

Provide post hunt report to DOW Hunter Outreach Coordinator as soon as possible.

Call: 303-291-7545 and provide voice message

Fax: 303-291-7113 and use this form

Mail to: Division of Wildlife 6060 Broadway, Denver CO 80216 (last resort)

Name of Hunt _____

Location of Hunt _____

Date of Hunt _____

Number of Hunters _____

Number of Sponsors _____

Number of Volunteers _____

Number of game animals taken _____

Injuries reported _____

Summary of the Hunt:

_____ Use additional space on the back of the form if required.

**Colorado Division of Wildlife
Hunter Outreach Program
Release for Use of Photographs**

1. I, _____, do hereby give permission to the Colorado Division of Wildlife to use all photographs obtained during a DOW sponsored youth hunt.

2. The Colorado Division of Wildlife agrees to use the photographs in a positive manner to support magazine publications, the Division Internet Webpage and in Division presentations. The Division of Wildlife agrees not to provide personal information concerning the photographs other than the name of the individuals viewed in the photograph.

Date

Signature of youth

Date

Signature of Parent or Guardian

**Colorado Division of Wildlife
Hunter Outreach Program
Hunt Coordination Form**

1. Date of Hunt _____
2. Location of Hunt _____
3. Landowner Name and address _____

4. Type of Hunt _____
5. Number of Hunters _____

Coordination Information:

- a. Arrival time at property _____
- b. Facilities to be used _____

- c. Services provided _____

- d. Cost estimates:
 - Guide Services _____
 - Purchase of Birds _____
 - Facilities _____
 - Ammunition _____
 - Clay targets _____

TOTAL ESTIMATE _____

This estimate is provided for planning purposes. Payment for services will be made through State of Colorado purchase order and invoice. The listed landowner or manager will provide a billing invoice to the Hunter Outreach Coordinator, 6060 Broadway, Denver Colorado 80216.

Owner/Manager

Date

DOW Representative

Date

**EXPENSE REIMBURSEMENT CLAIM FORM
 COLORADO DIVISON OF WILDLIFE
 HUNTER OUTREACH PROGRAM**

1. Date of the Hunt _____
2. Name of the Hunt _____
3. Huntmaster Name _____
4. Number of Hunters and Sponsors _____
5. Number of Volunteers _____

Date	Item of Expense	Cost	Total	Remarks

Note: Complete major items of expense and date provided. Attach all receipts to the form and send to the Hunter Outreach Coordinator for reimbursement. Insure you have completed a file copy of the state form W-9 for reimbursement. Contact the Hunter Outreach Coordinator at 303-291-7248 if you have questions pertaining to the use of this form.

Registration and Safety Orientation Checklist

Prior to departure from the meeting site, the Huntmaster will complete the items listed on this checklist and include a signed copy of the checklist with their post hunt report.

Registration

_____ I have reviewed all waivers, health assessment forms, marksmanship forms and photograph releases for proper signature and accuracy.

_____ I have offered the reservation fee to be returned to the hunter and if donated, insured they have written the word "Donation" in the lower left hand corner of the check.

_____ I have verified any needs for medications or special assistance with the hunter and sponsor.

Safety Briefing

_____ I have covered the Rules and Policies of the program.

_____ I have discussed firearm safety and other weapon safety with relation to the standards of safety:

1. Firearms

- a. Each firearm is inspected by a Huntmaster or Volunteer before use.
- b. The ammunition is checked by a Huntmaster or Volunteer to insure it is the proper caliber for the firearm and is factory loaded ammunition.
- c. The firearm fits the shooter to the best extent possible.
- d. When dealing with youths or novice shooters, the firearm is only loaded under the supervision of an adult.
- e. Firearms will be stored in a vehicle while in a hunt camp or under positive control by the Huntmaster while in a day event, such as a pheasant hunt

2. Other weapons.

- a. Other weapons, archery equipment, knives etc are to be inspected by the Huntmaster prior to the hunt. Unless specially approved by the Huntmaster, no weapons are allowed at an event other than those used for the hunt.
- b. No concealed weapons or handguns will be allowed on a DOW Hunter Outreach hunt unless carried by a law enforcement officer in performance of his duties. Parents, volunteers and Huntmasters will not bring handguns to a Hunter Outreach Event. If parents arrive with a handgun, it will be unloaded and safely stored in a locked vehicle during the hunt. **This policy has no exceptions.**

_____ I have covered travel and driving safety rules concerning travel to the hunt site.

_____ I have covered all risk factors identified in my Risk Assessment with the hunters and sponsors.

Signature of Huntmaster and Date

Apprentice Huntmaster Field Evaluation Form

 Apprentice Huntmaster Name
 Date _____

 Evaluating Huntmaster Name

Hunt Name _____

Instructions: Upon completion of the hunt, the evaluating Huntmaster should circle the appropriate rating and review the rating with the Apprentice Huntmaster. Forward the original copy of the evaluation with the post hunt report to the Hunter Outreach Coordinator, provide a second copy to the Apprentice Huntmaster and retain one copy for the Huntmaster's records.

Rating Scale: NO = Not Observed, 1 = Not acceptable, 2= Needs Improvement, 3= Average/Acceptable, 4 = Commendable and 5 = Outstanding

ATTITUDE/DEMEANOR

General Appearance-----	NO	1	2	3	4	5
Organized physically-----	NO	1	2	3	4	5
Organized mentally-----	NO	1	2	3	4	5
Response to instruction/directions-----	NO	1	2	3	4	5
Use and care of equipment-----	NO	1	2	3	4	5
Displays Positive Attitude-----	NO	1	2	3	4	5

INTERPERSONAL SKILLS

Oral Communications-----	NO	1	2	3	4	5
Ability to explain clearly-----	NO	1	2	3	4	5
Friendly-----	NO	1	2	3	4	5
Resolves conflict professionally-----	NO	1	2	3	4	5

SKILLS AND COMPETENCE

Prepared mentally for work assignments-----	NO	1	2	3	4	5
Prepared physically for work assignment-----	NO	1	2	3	4	5
Common sense/good judgment-----	NO	1	2	3	4	4
Problem solving/decision making-----	NO	1	2	3	4	5
Display of confidence and professionalism----	NO	1	2	3	4	5
Knowledge of policies and procedures-----	NO	1	2	3	4	5
Guide skills-----	NO	1	2	3	4	5
Woodsmanship skills-----	NO	1	2	3	4	5

WORK ETHIC

Initiative-----	NO	1	2	3	4	5
Quality of work-----	NO	1	2	3	4	5

Describe your overall assessment of this Apprentice Huntmaster (Explain any rating of 1 or 2 above to clarify the rating.) _____

Would you recommend this individual to become a certified Huntmaster? _____ Yes _____ No

 Signature of Huntmaster

 Signature of Evaluated Apprentice