



# NSSP Hunting/Fishing Prostaff Application

“From the Classroom to the Field”

PLEASE PRINT:

Name: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Health Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian's E-mail: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

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Requirements:

1. Must have passing grade in all classes. \_\_\_\_ Yes \_\_\_\_ No
2. Have a passion for the outdoors. \_\_\_\_ Yes \_\_\_\_ No
3. Willingness to attend photo shots and be filmed for NSSP Outdoors TV. \_\_\_\_ Yes \_\_\_\_ No
4. Must complete NSSP Liability Release form and have it signed by parent or guardian.
5. In a minimum of 100 words explain why you should be chosen for the NSSP Prostaff and list at least 3 accomplishments achieved as an outdoor enthusiast.  
**Please attach.**
6. A Letter of Recommendation from a seasoned sportsman who believes in your ability to be a true ambassador of the NSSP Program and a safe sportsman.  
**Please attach.**
7. Include a minimum of 2 photos in outdoor activities.
8. Video if available.



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3809 Schneidman Road Paducah, KY 42003  
Ph: 1-800-731-2905 Fax: 270-554-9289

**PHOTO/TALENT RELEASE STATEMENT**

I hereby assign and grant NSSP Outdoors, LLC the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made during any NSSP Outdoors, LLC photo or video shoot by NSSP Outdoors, LLC and I hereby release NSSP Outdoors, LLC from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations and/or sound recordings without limitation at the discretion of NSSP Outdoors, LLC and I specifically waive any right to any compensation I may have for any of the foregoing.

By signing below, I acknowledge I have read and promise to abide by the code of NSSP Outdoors, LLC and agree with the Photo/Talent Release Statement.

NSSP Member: \_\_\_\_\_  
(Please Print)

NSSP Member: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Parent/Guardian (if under 18) \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)



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## Liability Release Form

### **RELEASE OF LIABILITY – READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the National Scholastic Sportsman Program (NSSP), its related events and activities, I, \_\_\_\_\_, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the NSSP immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE NSSP, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used for the activity (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_ Age \_\_\_\_\_ Date Signed \_\_\_\_\_

\_\_\_\_\_  
PARTICIPANT’S SIGNATURE

### **FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**

(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_ Date Signed \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN’S SIGNATURE

\_\_\_\_\_  
PRINT NAME