



**AGRICULTURE & NATURAL RESOURCES  
RESEARCH AND EXTENSION CENTER SYSTEM  
FIREARM AUTHORIZATION FOR HUNTING**

Research and Extension Center:

Employee Name:

Name of Individual Requesting Authorization:

Address and Phone Number of Individual Requesting Authorization:

**CONDITIONS OF AUTHORIZATION:**

**\*When not in use for approved purpose, firearm(s) shall be maintained unloaded and secured within your vehicle, residence or other approved storage location.**

**\*When not in use for approved purpose, ammunition for the firearm(s) shall be maintained and secured in a location separate from the firearm(s).**

**Additional Conditions:**

Firearm No. 1  
Ownership: PERSONAL

Firearm No. 2  
Ownership: PERSONAL

Reason for Authorization: HUNTING

Reason for Authorization: HUNTING

Type of Use: HUNTING

Type of Use: HUNTING

Additional Comments:

Additional Comments:

Manufacturer:

Manufacturer:

Caliber:

Caliber:

Model No:

Model No:

Serial No:

Serial No:

Storage Location:

Storage Location:

**Attach additional sheets as necessary to list each additional firearm. TOTAL NUMBER OF FIREARMS REQUESTING TO BE AUTHORIZED:**

- Attached (at least) one of the following certifications:
- Completion of State of California certified Hunter Safety Course
  - Valid Hunting License issued by State of California Department of Fish and Game
  - Federal or State of California certification as an instructor in Firearm/Hunter Safety

I agree to comply with Research and Extension Centers Policy and Procedures for Firearms, Conditions as stated on this form and local policies or guidelines of the Research and Extension Center where written permission is authorized. I certify that I am legally allowed to possess and use firearms. Failure to comply with the guidelines will result in immediate removal of all granted authority for the possession and/or discharge of firearm(s) on Research and Extension Center property.

Hunter Signature:

Date:

**This authorization is not complete without approval signatures (see additional page(s))**



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**Additional Conditions:**

Firearm No.

Ownership: PERSONAL

Reason for Authorization: HUNTING

Type of Use: HUNTING

Additional Comments:

Manufacturer:

Caliber:

Model No:

Serial No:

Storage Location:

Firearm No.  Ownership:

PERSONAL

Reason for Authorization: HUNTING

Type of Use: HUNTING

Additional Comments:

Manufacturer:

Caliber:

Model No:

Serial No:

Storage Location:

Firearm No.

Ownership: PERSONAL

Reason for Authorization: HUNTING

Type of Use: HUNTING

Additional Comments:

Manufacturer:

Caliber:

Model No:

Serial No:

Storage Location:

Firearm No.  Ownership:

PERSONAL

Reason for Authorization: HUNTING

Type of Use: HUNTING

Additional Comments:

Manufacturer:

Caliber:

Model No:

Serial No:

Storage Location:

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ACTIVITY RELEASE & WAIVER

(Print) Name of Participant: \_\_\_\_\_

**Wavier:** In consideration of being permitted to participate in any way in HUNTING at \_\_\_\_\_ Research and Extension Center, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees and agents from liability from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to participation in HUNTING.

**Assumption of Risks:** Participation in HUNTING carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in HUNTING. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in HUNTING and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I agree to comply with Agriculture & Natural Resources and Research and Extension Center policies, rules, posted signs as well as with the Fish and Game Code of California, with which I am familiar and understand. I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
(Print) (Sign) (Date)

If participant is a minor, signature of Parent/Guardian of minor is required below:

\_\_\_\_\_  
(Print) (Sign) (Date)

**This authorization is not complete without approval signatures (see additional page(s))**



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**APPROVAL AUTHORIZATION** (This section to be completed by Center Director & REC System Admin. Office)

PERIOD OF AUTHORIZATION: From \_\_\_\_\_ To \_\_\_\_\_ (all authorizations will expire annually within the calendar year)

**TOTAL NUMBER OF FIREARMS REQUESTING TO BE AUTHORIZED:**

Center Director:

\_\_\_\_\_  
(Print) \_\_\_\_\_ (Sign) \_\_\_\_\_ (Date)

REC System Director:

\_\_\_\_\_  
(Print) \_\_\_\_\_ (Sign) \_\_\_\_\_ (Date)