



# Trapping & Snaring Seminars

*Final Summer Secession*

**August – 24-26**



Seminars will be held near St. Joe City  
- 12 miles north of St. Maries  
- Featuring a Lure Specialist &  
Opportunity exists for Jeff to catch & collar a wolf.

- Campers will check in on Friday. Instruction will begin at 1:00 pm & will include snaring, trapping, lure making, and calling - specifically targeting wolves-but not limited to wolves.
- Each Camper will need to come fully prepared to camp out for 3 days & 2 nights.
- Items to bring: ATV - Food & Water Provisions for 3 days - Rain Gear - Gloves - Bug Spray
- Bring your trapping & snaring tools for evaluation and recommendations will be offered to enhance the success of your trapping experience.
- Host sites are private property and campers are expected to leave site clean and cared for.
- \$150 Deposit will hold your spot in the seminar of your choice. Full cost of seminar is \$400.

<b>For Reservation Information:</b>	C. Ashmead / JAWS	Phone: 208-245-3869
	P.O. Box 202	Cell: 208-582-0783
	Fernwood, ID 83830	Fax: 208-245-8059
	E-mail: <a href="mailto:jeff@wolfsnaring.com">jeff@wolfsnaring.com</a>	

## JAWS Sponsored Event

Jeff Ashmead Wildlife Services, LLP is willing to share 33+ years experience to allow trappers to experience the most efficient, successful and safe wolf pursuit possible. J.A.W.S will feature Jeff's experience aided by qualified trappers, to offer Trapping & Snaring Education at it's Best. Come and learn from.....

*"Experience - Where Wildlife Lives..."*



# JAWS Trapping Seminars

## Acknowledgement of Risk and Waiver of Liability Parent/Guardian Permission

Signatures on back of page are required prior to participation in the Activity

Name: \_\_\_\_\_  
(first) (last)

Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_  
(street or POB) (City) (State) (Zip Code)

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency contact(s) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone(s): \_\_\_\_\_

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

Phone(s): \_\_\_\_\_

**PLEASE NOTE: Hospitals require proof of coverage before providing treatment unless a life threatening situation exists. It is suggested that participants bring a copy of their insurance card and identification.**

*Both participants and parent(s) / guardians must read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Sign and return this form to **Christine Ashmead, POB 202, Fernwood, Idaho 83830** prior to the start of the seminar. If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.*

I, the undersigned participant or parent/guardian, am aware that participation in JAWS Seminars (“Activity”) may include activities that are risky and dangerous. Both participant and his/her parent(s)/guardian(s) (“I”) acknowledge and accept the risks and give permission for my participation in the Activity. I acknowledge that participation in this Activity has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury to myself, or my child, up to and including death, may occur: activities supplemental to the Activity, such as walking or hiking to and from sites of interest or conference locations; physical activities that may involve strenuous exertion that could place stress on cardiovascular and or musculo-skeletal systems; use or operation, by me or others, of equipment and vehicles in the condition in which they are found; exposure to inclement weather including, but not limited to sun, rain, snow, ice, wind, and extremes of heat or cold; contact with dangerous animals, poisonous plants, insects and environmental or biological hazards; staying overnight; risks related to transit to or from the Activity locations including but not limited to travel by private vehicle or all-terrain vehicles; use of facilities, roads, sidewalks, and parking lots that may or may not be properly maintained; exposure to contaminated food and untreated water; risk related to the rendering or receipt of emergency first aid, or other emergency treatment, and transport in medical emergencies; accident or illness in locations without access to appropriate medical facilities or supplies; and other unknown and unanticipated activities and risks.

In consideration of Jeff Ashmead Wildlife Services, LLP, Jeff Ashmead & Associates, and the land owner permitting me/my dependent to participate in the Activity, I and my dependent hereby voluntarily assume all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release Jeff Ashmead Wildlife Services, LLP, Jeff Ashmead and associates and the landowner from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with my participation in any activities related to the above named Activity.

*This form continues on the back of this page.* **Initial page 1 here:** \_\_\_\_\_

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge, and assumption of risk for my heirs, estate, executor, administrator, assigns and all members of my family. I am aware that if I provide a vehicle not owned and operated by Jeff Ashmead Wildlife Services, LLP, Jeff Ashmead and associates, they are not responsible for any action that I take that is outside the scope of the scheduled Activity, regardless if occurring before, during or after the period of the Activity. I understand that if I choose to travel in a personally owned vehicle, it is my responsibility to determine the safety of the vehicle and qualifications of the driver.

I hereby certify that, with or without accommodation, I and/or my dependent is in good health and I know of no medical reason why I/he/she is not able to participate in this Activity. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries or illness that I/he/she may sustain while participating in any activity associated with the above named Activity.

I agree that you may photograph or video me or my child during, and in connection with , the Activity. I agree that you shall be the exclusive owner of all images and all copyright and other rights in the images. I agree that you may use any image in any media you wish related to the JAWS Trapping Seminars and Jeff Ashmead Wildlife Services, LLP.

If you DO NOT GIVE PERMISSION TO PRODUCE OR USE IMAGES OF YOU OR YOUR CHILD, CHECK HERE \_\_\_\_\_.

Note: if participant is 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

<p><b>PARTICIPANT'S NAME:</b></p> <p>_____</p> <p>(PLEASE PRINT)</p> <p><b>PARTICIPANT'S SIGNATURE:</b></p> <p>_____</p> <p><b>DATE:</b> _____</p>
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<p><b>PARENT(S)/GUARDIAN(S) NAME:</b></p> <p>_____</p> <p>(PLEASE PRINT)</p> <p><b>PARENT(S)/GUARDIAN(S) SIGNATURE:</b></p> <p>_____</p> <p><b>DATE:</b> _____</p>
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