



Fishing Has No Boundaries, Hayward WI Chapter Inc. For Anglers with Disabilities

P.O Box 375
Hayward, WI 54843

hayfhnbc@cheqnet.net 715-634-3185
Steven Franck Chairperson Ron Weberg, Co-Chairperson

Participant Form: Fee \$60.00 per participant and \$30.00 per attendant or guest. These fees help defray expenses for the event. Event dates May 17 & 18, 2024. Any special requests will be handled on a first come first serve basis and we do our best to fill these requests but we can not guarantee these requests will be filled. **Please fill out form completely.**

Name: _____ Age: _____ Weight: _____
Address: _____ Sex: M or F Veteran: Yes No
City: _____ State: _____ Zip: _____ Shirt Size _____
Phone: _____ Email: _____

Group Home: _____

Contact Person & Phone Number during Event: _____

Disability: _____
ADAPTIVE EQUIPMENT IS AVAILABLE. PLEASE LET US KNOW HOW WE CAN HELP YOU.

Wheelchair: Manual or Electric (**Circle One**) Do you need your wheelchair on the boat? Yes No (**Circle One**)

For your safety please have a list of medications you take and list any allergies you may have for our first aid team in the case of an emergency. We do not need a copy for the office.

Allergies: _____ Special Needs: _____

Do you prefer to fish from a Boat or Pontoon (**Circle One**)? Guide Preference: _____

Do you want to fish with other participants?: _____

Attendant's Name: _____ Guest's Name: _____

Release of Claims: If consideration of the acceptance of my participation in FHNB fishing event on May 17 & 18, 2024. I release, FHNB, the City of Hayward, County of Sawyer, Township of Hunter, Robinson's Lake Chippewa Campground, all representative agents and employees, of the afore mentioned and all other connected with this event, from any liability or claims for any injury to body or property or illness that I sustain during my participation in this event. I understand that this release applies to myself, heirs and assigns. I represent that I am capable of participating in this event, recognize that risk of injury may accompany such participation and acknowledge that this release is being relied upon by above persons in permitting me to participate. I grant full permission to any and all of the foregoing to use any photographs, movie recordings and other records of this event, without compensations.

Signature: _____ Date: _____

****Entry must be signed by Participant or their Legal Guardian/Representative****

Financial assistance is available – please reach out to the office if you are in need of assistance.