

Fishing Has No Boundaries, Hayward WI Chapter Inc.
For Anglers with Disabilities
MAY 15 & 16, 2026

Participant Form: **ALL FEES ARE WAIVED FOR THE 2026 EVENT!!** Event dates May 15 & 16, 2026. Any special requests will be handled on a first-come first-serve basis, and we will do our best to fulfil these requests, but we cannot guarantee these requests will be fulfilled. **Please fill out form completely.**

Name: _____ Age: _____ Weight: _____

Address: _____ Sex: M or F Veteran: Yes No

City: _____ State: _____ Zip: _____ Shirt Size _____

Phone: _____ Email: _____

Contact Person & Phone Number during Event: _____

Will you be attending Friday OR Saturday OR Both Days (please circle)

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 event 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 15 & 16, 2026. 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 can participate 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 compensation.

Signature: _____ Date: _____

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

Group Home: _____

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