



Fishing has no boundaries®

For Anglers with Disabilities

P.O Box 375
Hayward, WI 54843

Heidi Overman, 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 19 & 20, 2023. 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. We have new volunteers doing boat assignments and need all the information to help us out!

Name: _____ Age: _____ Weight: _____

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

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

Home Phone: _____ Cell Phone: _____

E-mail: _____

Group Home: _____ Optional-Have you had the COVID-19 vaccination? YES NO

Contact Person & Phone Number during Event: _____

Exact Disability: _____

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

****Please attach a list of all medications you take with the names, dosage and times taken. This will only be shared with first aid staff for in the event of an emergency.**** Do you take medications? Yes No

Allergies: _____ Special Needs: _____

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

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 19 & 20, 2023. 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****

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