



Fishing has no boundaries®

For Anglers with Disabilities

P.O Box 375
Hayward, WI 54843

Heidi Overman, Chairperson; Bill Annala, 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 18 & 19, 2018. 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.

Name		Age		Weight	
Address		Sex		Veteran	
City		State		Zip	
Home Phone		Cell Phone		Shirt Size	
Email					
Group Home		Days Attending		Friday	Saturday Both
Exact Disability					
Are you in a Wheelchair?		If yes, do you need your chair on the boat?			
If yes, Manual or Electric Chair		Approximate weight of chair			
Do you take any medications?		If yes, please attach a list of all medications you take with the names, dosage and time taken. This information will only be shared with medical staff in the event of an emergency.			
Any Allergies, if yes please list		Any Special Needs?			
Do you prefer to fish from a boat or pontoon?		Do you have a guide preference?			
Do you want to fish with any specific participants?					
Attendant's Name		Guest's Name			
During Event - Contact Person		Phone Number			

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

Release of Claims: If consideration of the acceptance of my participation in FHNB fishing event on May 18 & 19, 2018, 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.

Name		Date	
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***Must be signed by participant or legal guardian or parent*

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