

# Southern Sportsmen Foundation

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Email Address \_\_\_\_\_

Please List All Phone #s Home \_\_\_\_\_ Cell \_\_\_\_\_

Have you served or are currently serving in the United States Armed Forces? Yes / No

If yes, Service Branch & Rank: \_\_\_\_\_

Describe any illness/disability in detail: \_\_\_\_\_

\_\_\_\_\_

Years of hunting experience since becoming ill/disabled \_\_\_\_\_

Number of deer or other large game taken since becoming ill/disabled \_\_\_\_\_

Please explain how mobile applicant is in a hunting environment: \_\_\_\_\_

\_\_\_\_\_

How many times per year does the applicant hunt? \_\_\_\_\_

If in wheelchair, indicate type:  Electric  Manual

Width of Wheelchair \_\_\_\_\_

Will the hunter require code accessible lodging? Yes / No

Does the hunter need a special device / gun rest in order to hunt? Yes / No

If yes, does he/she have one? Yes / No

Does hunter need equipment to hunt with? Yes / No

If yes please describe items needed: \_\_\_\_\_

Can applicant be easily transferred into/out of a 4WD pickup for transporting? Yes / No

I want to hunt with:  Rifle with scope  Rifle without scope  Shotgun  Muzzleloader  
 Compound bow  Crossbow

At what distance can hunter hold 3 shots in a 6" group?  25 yds  50 yds  100 yds  Over 100 Yds

Hunter can tolerate heat/cold?  Normally  Somewhat less then normal  Not at all

Does applicant need another person to attend the hunt? Yes / No

If yes, please list person's name: \_\_\_\_\_

Describe any dietary restrictions: \_\_\_\_\_

Is hunter allergic to anything in the outdoors or have any environmental restrictions? Yes / No

If so what? \_\_\_\_\_

What modes of transportation could you use to get to the hunt?  Air  Car  Train  Bus

Please list special accommodations needed by the hunter: \_\_\_\_\_

\_\_\_\_\_

Please list any special medical attention that could be needed by the hunter: \_\_\_\_\_

Has applicant been involved in another special hunting trip with another organization, or is he/she being considered for one? Yes / No

If yes explain: \_\_\_\_\_

By making application with Southern Sportsmen Foundation the applicant and all parties involved agree that all information is true and correct and that Southern Sportsmen Foundation has the permission to use the name of the applicant as well as photographic images for the coordination and promotion of the event.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Return this completed form to:  
Southern Sportsmen Foundation  
PO Box 209  
Foreman, AR 71836  
903-826-3318  
mike.cranford@sharingtheoutdoors.com

**SOUTHERN SPORTSMEN FOUNDATION WAIVER, RELEASE OF LIABILITY FORM  
and MEDIA RELEASE FORM**

Please note: there are two places on this sheet that require a signature, three for minors.

In consideration of being allowed to participate in any way in SOUTHERN SPORTSMEN FOUNDATION programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

- 1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise SOUTHERN SPORTSMEN FOUNDATION of such condition(s) and refuse to participate.
- 2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
- 3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
- 4. Release, waive, discharge and covenant not to sue SOUTHERN SPORTSMEN FOUNDATION, its affiliated clubs, their representative administrators, directors, agents, outfitters, guides, landowners and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

**I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.**

X \_\_\_\_\_  
Participant's Name Signature Date

**FOR PARTICIPANTS OF MINORITY AGE**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X \_\_\_\_\_  
Parent's Signature & Emergency Phone Child's Name & Date

**MEDIA RELEASE FORM**

Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

**MEDIA/PHOTO WAIVER:** I hereby authorize and give my full consent to SOUTHERN SPORTSMEN FOUNDATION to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this SOUTHERN SPORTSMEN FOUNDATION event. I further agree that SOUTHERN SPORTSMEN FOUNDATION may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X \_\_\_\_\_  
Signature Date

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