



2009 - 2010 Hunting Program

(Mr./Mrs./Ms.)

First Name _____ Middle Initial _____ Last Name _____

Date of Birth (M/D/Y) _____ Age _____ Sex Male Female

Address _____ City _____ State _____ Zip Code _____

County _____ Phone (Main) _____ Email _____

Emergency Contact (Name) _____ Relation _____ Phone _____

Do you use a mobility device? Yes No If yes, what type? _____

Can you transfer independently? Yes No

Do you have any allergies? Yes No Please explain? _____

Disability/Diagnosis _____ Onset of Disability/Diagnosis (M/D/Y) _____

Primary Physician (Name) _____

Do you currently take any medications? Please list: _____

Have you ever been charged with a felony or an act of violence? If yes, explain? _____

Insurance Company _____ Policy # _____

Are you an active Lakeshore Foundation member? Yes No

Please indicate your first and second choice.

My choice for a hunt is: _____ With my alternate date being: _____

**Currently active Lakeshore Foundation member: with physical disability: \$75 guest-\$125*

**Non-member with physical disability: \$150-guest-\$250 *Non-hunting attendant-no charge*

Audio Visual Consent: I hereby consent and authorize the taking of photographs, movies, films, videotapes, tape recordings, or reproductions (collectively, "Reproductions") of the persons who are hereby applying for membership (the "Applicants") and consent to use, copyright, license, publication or broadcast of the same for advertising, educational, promotional, or publicity purposes on the part of Lakeshore Foundation and by its affiliated and associated organizations, including its directors, officers, agents, servants and employees. I hereby grant and assign to Lakeshore Foundation the right, title, and irrevocable authority and interest to such Reproductions. I waive any and all claims for compensation and waive any and all claims related to or arising out of the publication and dissemination of the same of any lawful purposes. I further authorize the communication of information concerning the undersigned in connection with the utilization of such Reproductions by Lakeshore Foundation, its affiliated or associated organizations, and their respective directors, trustees, officers, agents, servants and employees without claim for compensation and waive all claims related to or arising out of the publication and dissemination of the same. (initial) _____

Consent for Emergency Treatment: I hereby give permission for the Participant to participate as a Lakeshore Foundation participant/volunteer. In the event that the Participant should sustain any injuries while participating in a Lakeshore Foundation activity or while on the premises of Lakeshore Foundation, I understand that the Participant may be examined and treated for emergency injuries by health care personnel, including examinations at medical facilities. In voluntarily consenting to such examination and treatment for the Lakeshore Foundation, its directors, officers, staff, employees, contracted employees, agents and volunteers from any actions, suits, damages, claims, or judgements that may result from such examination and treatment. (initial) _____

Release and Indemnification: I hereby release and discharge Lakeshore Foundation and all affiliated and associated organizations, together with their respective trustees, directors, officers, employees, and agents, of and from any and all demands, claims, causes of action, suits, damages, judgments, or liabilities of any kind or nature whatsoever, arising out of or in any way related to the Participant's participation in a Lakeshore Foundation activity, including any personal injury or death, which he/she may suffer or incur as a result of participation in such program, whether or not caused by the negligence or wrongful acts of such persons or any agents, servants or employees of any of them. This release shall be binding upon the heirs, next of kin, guardians, executors, and administrators of the Participant. I do further agree to indemnify and hold harmless each of them, of and from any and all claims, demands or actions of any kind or nature whatsoever arising out of any injury of damages incurred by the Participant. In signing this release, I acknowledge and represent that I am over 19 years of age, I am of sound mind, I have read this release, understand it, and sign it voluntarily, and that this release contains the entire agreement between myself and Lakeshore Foundation. (initial) _____

I have read, understood, and completed this questionnaire. Any questions that I had were answered to my full satisfaction.

Signature Participant _____

Date _____