

Share your passion for fishing &
enjoy the day on the water



Fishing Has No Boundaries

Chippewa Valley Chapter
LAKE HOLCOMBE

PROVIDED

Lunch & dinner
Bait
\$25 gas card
Event liability insurance
Drawings/Giveaways

WATERCRAFT VOLUNTEER INFORMATION FORM

(event liability insurance is provided)

NAME: _____ CONTACT PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

BOAT TYPE (PONTOON, V-HULL, ETC.): _____ REG#: _____

LENGTH OF WATERCRAFT: _____ FT PONTOON GATE WIDTH: _____ INCHES

MAX WEIGHT CAPACITY: _____ REMOVABLE SEATS? YES ___ NO ___

HOW MANY PERSONS/WHEELCHAIRS CAN YOU ACCOMMODATE? _____

DAYS AVAILABLE: FRI: ___ AM/PM SAT: ___ AM/PM SUN: ___ AM/PM

WILL YOU DELIVER _____ PICK UP _____ DRIVE _____ YOUR CRAFT? (write yes or no)

STATE YOUR KNOWLEDGE OF FISHING LAKE HOLCOMBE FLOWAGE.

EXPERIENCED: _____ ENOUGH TO GET BY: _____ LITTLE OR NONE: _____

Release of claims: In consideration of the acceptance of my participation in this years FHNb event, I release FHNb, CILWW, the city of Holcombe, counties of Chippewa and Rusk, townships of Holcombe, Birch Creek, Willard, Washington, Ruby, and Paradise Shores Resort Hotel, all respective agents and employees of the aforementioned and all others connected with this event, from any liability or claims for any injury to body, 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 participation in this event, recognize that risk of injury may accompany such participation and acknowledge that this release is being relied upon by the above person in permitting me to participate. I grant full permission to any and all of the foregoing to use any photographs, movies, recordings, and other records of this event without compensation.

COMMENTS OR QUESTIONS: _____

HOW DID YOU HEAR ABOUT THIS EVENT? _____

SIGNATURE: _____ DATE: _____

THANK YOU FOR VOLUNTEERING ☺

