

Fishing Has No Boundaries
CHIPPEWA VALLEY CHAPTER

SEPTEMBER EVENT
PARTICIPANT REGISTRATION
RETURN BY AUGUST 15TH



ANGLER FEE: \$25
ATTENDANT FEE:\$15

Participant's Name: _____ Age: _____

Guest/Attendant Name: _____
(If name not known but will be a staff member, write in staff and agency with contact #)

Will attendant/guest be accompanying angler on watercraft? Yes or No

Address: _____ Gender: _____ Weight: _____

City: _____ State: _____ Zip: _____

Veteran: Yes or No Phone Number: _____

E-mail: _____ Disability: _____

Emergency Contact: _____ Phone Number: _____

Wheelchair used on pontoon: Yes or No

Weight of wheelchair: Manual _____ Electric _____

Adapted Fishing Equipment Needed? Yes or No

Will you be attending: ½ Day or Full Day

GROUPS: There must be 1 attendant for every 3 anglers registering

ATTENDANTS: Person or persons who must accompany a participant at all times. This is generally responsible for seeing to all of the participants needs on and off of the water.

GUESTS: Person or persons who will be attending the meals and other on-ground activities with a participant.

While we would like to accommodate everyone, please limit persons on the watercraft to the least required for attendant reasons due to limited space.

PLEASE REFER TO THE BACK OF THIS FORM

MEDICAL, SPECIAL NEEDS OR ACCOMODATIONS

The Fishing Has No Boundaries – Chippewa Valley Chapter wants to help make your Fishing Has No Boundaries event an enjoyable experience. If you have any medical and or special needs that you feel are necessary for the EMT’s and CIL staff on site to be aware of (example: uncontrolled seizures, allergies, sun sensitivity, diabetic, etc.) please provide the information below. The information you provide will be strictly confidential and used only for purposes of your health and well-being.

Disability: _____

Accommodations: _____

Special Needs: _____

Other: _____

ENTRY MUST BE SIGNED BY PARTICIPANT OR GUARDIAN

RELEASE OF CLAIMS: In acceptance of my participation in this years FHNb fishing Event, I release FHNb, Inc. and the FHNb Chippewa Valley Chapter of Menomonie, Wisconsin, within Dunn County, and the event location of The Edge Pub and Eater, located in Chippewa Falls, Wisconsin, and all respective agents and employees and all others connected with the Event, from liability or claims for any injury to body or property or illness sustained during my participation in this event. I understand this release applies to me, heirs and anyone in participation with me. I am capable of participating in this Fishing Event for Individuals with Disabilities, recognize that risk of injury may accompany such participation, and acknowledge this release is being relied upon by this FHNb Chapter and FHNb, Inc. in permitting me to participate. I grant full permission to any and all related during the Event to use any photographs, movies, recordings, and other records of this event, without compensation.

PARTICIPANT SIGNATURE: _____ **DATE:** _____
(or legal guardian signature)

WHERE DID YOU HEAR ABOUT THIS YEARS EVENT? _____

IMPORTANT FACTS!!!

- Attendants must be 18 or older
- Watercrafts are for participants and necessary attendants
- All minors must be accompanied by an adult
- Absolutely no alcoholic beverages or chemical substances are permitted
- Disruptive/inappropriate behavior will be dealt with on an individual basis

COMPLETE AND RETURN TO:

CompassIL
2920 SCHNEIDER AVE SE, MENOMONIE, WI 54751

DATE RECEIVED _____ **CHECK #** _____

AMOUNT _____

(For office use only)