

CHIPPEWA VALLEY CHAPTER

SEPTEMBER 2025 EVENT
VOLUNTEER REGISTRATION
RETURN BY AUGUST 15TH



NAME: _____
(Club, organization, or agency)

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

PHONE: _____ **E-MAIL:** _____

VETERAN STATUS: **VETERAN** _____ **NON-VETERAN** _____

RELEASE OF CLAIMS: In consideration of the acceptance of my participation in this years FHNB event, I release FHNB, CILWW, the city of Chippewa Falls, county of Chippewa, and The Edge Pub and Eatery, 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.

SIGNATURE: _____ **DATE:** _____

BE SURE TO ATTEND THE VOLUNTEER ORIENTATION SESSION

Parent or Legal Guardian (of Volunteers under 18 years of age)
As a parent or legal guardian of the above named volunteer, I hereby give my consent to allow my child (ward) to volunteer services for FHNB.

Signature of Parent or Legal Guardian (if child is under 18)

Date

Volunteer Coordinator Signature

Date



Thank you for sharing your passion for fishing!