



Registration Form

OUTDOOR BUDDIES INC
555 HIGHLANDS ROAD
WESTCLIFFE CO 81252-8686

You May Copy This Form

Name: _____ Date of birth: _____

Street address: _____ Home phone: _____

City/State/Zip: _____ Cell phone: _____

Email address: _____

Married: _____ Single: _____ Spouse's first name: _____

Occupation: _____ Work phone: _____

Are you able-bodied? _____ Are you mobility-disabled? _____

This section for mobility-disabled only.

Describe cause and extent of disability: _____

What types of mechanical assistance do you use? _____

Authorized by Colorado DOW to shoot from vehicle? Yes: _____ No: _____
(This permit is required for Outdoor Buddies big game hunts.)

INTERESTS:

FISHING:

Lake fishing: _____ Stream fishing: _____ Fly fishing: _____ Ice fishing: _____

HUNTING:

Rifle: _____ Archery: _____

Antelope _____ Deer _____ Elk _____ Small game: _____

Turkey _____ Upland bird: _____ Waterfowl _____ Other _____

OTHER:

Camping: _____ Trap shooting: _____ Target shooting _____ Other interest: _____

Are you interested in working in our youth program? _____

Are you interested in working as an officer or member of our board of directors? _____

Are you interested in acting as a liaison leader for a group of handi-buddies? _____

Are you interested in organizing and leading fishing outings? _____

Are you interested in organizing and leading hunting outings? _____

LIABILITY/NEWS RELEASE AGREEMENT

By signing below, I acknowledge that this program involves some risk and I assume responsibility for any injury that may result from participation and also waive and release all other participants, the host(s), sponsors, instructors, Outdoor Buddies, Inc., officials, and other parties involved from all claims and/or damage/injury incurred in connection with my participation. In addition, I grant the sponsors, co-sponsors, and Outdoor Buddies, Inc. the unconditional right to use my name, voice, and photographic likeness in any publications and/or audio/video productions associated with my participation.

Comments: _____

Signature of Registrant: _____ **Date:** _____