



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: _____ Occupation: _____

Married: Single: Spouse's first name: _____

Are you mobility-disabled? Yes No If yes, what caused disability? _____

Extent of disability? _____

Types of mechanical assistance used? _____

Do you have a permit to shoot from a vehicle authorized by the Colorado Division of Wildlife? Yes No
(This permit is normally required for Outdoor Buddies big game hunts.)

Have you served in United States Military Service? Yes No I am a "Wounded Warrior".

The term "Wounded Warrior" here applies to any person injured in the performance of military service for the United States of America.

In what branch(s) of service have you served?

Air Force Army Coast Guard Marines Navy National Guard Other

Military campaigns/locations, i.e. WWII, Korea, Vietnam, Desert Storm, Iraq, Afghanistan, etc.

INTERESTS:

FISHING:

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

HUNTING:

Rifle: Archery: Antelope: Deer: Elk:
Coyote: Dove: Turkey: Upland bird: Waterfowl:

OTHER:

Camping: Trap shooting: Target shooting:

I am interested in working in our youth program.

I am interested in serving as a committee member, officer, or member of our board of directors.

I am interested in organizing and leading fishing outings.

I am 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: _____