



# Registration Form

**OUTDOOR BUDDIES INC**  
**555 HIGHLANDS ROAD**  
**WESTCLIFFE CO 81252**

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 Colorado Parks and 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".

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

Air Force  Army  Coast Guard  Marines  Navy  National Guard  Other

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

\_\_\_\_\_ 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: \_\_\_\_\_