



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: _____