



### Applicant Information

Legal/Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M / F Wheelchair Bound: Y / N

SSN: \_\_\_\_\_ Power Manual Left Handed or Right Handed

Illness: \_\_\_\_\_

Is this a RUSH Application: Yes / No

### Legal name as it appears on your Driver's License or Passport.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Medical Physicians Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Treatment Facility/Hospital: \_\_\_\_\_ Fax: \_\_\_\_\_

Summary of Physical limitations: \_\_\_\_\_

Special Needs or Accommodations: \_\_\_\_\_

### Application Information

What type of Dream does the applicant want? Hunting: \_\_\_\_\_ Fishing: \_\_\_\_\_

Has the applicant ever hunted before? \_\_\_\_\_ Do they presently have a license \_\_\_\_\_ State \_\_\_\_\_

Have they ever had a hunter safety course? \_\_\_\_\_ If so, when: \_\_\_\_\_ Please attach a copy of the certificate.

Have you ever participated in any other Hunting program such as this? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

How did you hear about Fearless Outdoorsman \_\_\_\_\_

I certify the above is true to the best of my knowledge

Signature: (X) \_\_\_\_\_ Date: \_\_\_\_\_



## ***WAIVER of LIABILITY***

**Fearless Outdoorsman** is a Non-Profit Organization Providing hunting and fishing trips for children under 21, afflicted with life threatening illnesses and/or Veterans afflicted with trauma medically or emotionally.

**Fearless Outdoorsman** requires the execution of this comprehensive waiver as follows:

Entry or Release of all claim:

In consideration of my acceptance or entry in the "**Fearless Outdoorsman**" **Inc.** Dream Expedition , I release "**Fearless Outdoorsman**" **Inc.** and all volunteers who are connected with this Dream Expedition , from any liability or claims of injury to body or property or illness that I sustain during my participation in the Dream Expedition , I understand that this applies to myself, my personal helpers/traveling companions, heirs and assigns. I represent that I am capable of participation and acknowledge that this release is being relied upon by the above named organization in permitting me to participate. I also grant full permission to any and all foregoing to use any photographs, recordings, or any other records of this Dream Expedition for any legitimate purpose.

I, \_\_\_\_\_ agree that my successors, heirs, and assigns to hold harmless and forever indemnify the "**Fearless Outdoorsman**" **Inc.** , its Board of Directors, Agents/Outfitters/Charter Boat Captains, and collaborators from any and all liability associated with any injuries sustained in association with, or during the execution of the Dream Expedition as set forth and otherwise facilitated by the "**Fearless Outdoorsman**" **Foundation, Inc.**

I, \_\_\_\_\_ agree that my successors, heirs, and assigns to hold harmless and forever indemnify the "**Fearless Outdoorsman**" **Inc.** , its Board of Directors, Agents/Outfitters/Charter Boat Captains, and collaborators from any and all liability associated with any death resulting from, or in association with, or during the execution of the Dream Expedition as set forth and otherwise facilitated by the "**Fearless Outdoorsman**" **Inc.**

(X) This understanding is hereby executed on this \_\_\_\_\_ day of \_\_\_\_\_ , 20 \_\_\_\_\_ and evidence by the signatories as set forth below:

(X) \_\_\_\_\_  
Fearless Outdoorsman Participant  
(if over 18 years old or Parent/Guardian)

(X) Signed before me on this \_\_\_\_\_ day of 20 \_\_\_\_\_

(X) \_\_\_\_\_ seal:  
**Notary Public (Mandatory)**



Fearless Outdoorsman thanks you for your cooperation.

Acceptance of Terms/Conditions:

I/We hereby certify that we have read and understand what is required by us as Applicants and/or Parents and Guardian of our youth; in order that he/she may participate in Fearless Outdoorsman .  
\_\_\_\_\_ initial

It is understood and agreed that trip related RECEIPTS must be submitted to Fearless Outdoorsman within 30 days of our return.  
\_\_\_\_\_ initial

I/We understand that LEGAL action can and will be taken if ALL RECEIPTS and UNUSED funds totaling the amount given to us are not returned within the time limit/30 DAYS.  
\_\_\_\_\_ initial

I/We acknowledge that I/we have ***no authority to make purchases or arrangements*** that will be the responsibility of Fearless Outdoorsman, without getting express permission from organization headquarters based in Meridian, Idaho. This includes, *but is not limited to* equipment purchases, change fees for travel arrangements, hotels or Car rental, taxidermy work, passport fees, etc. .  
\_\_\_\_\_ initial

Signed \_\_\_\_\_ Social Security # \_\_\_\_\_

Signed and sworn before me on \_\_\_\_\_ (date)

Notary \_\_\_\_\_

(seal)



**Fearless Outdoorsman, Inc.  
Authorization Form**

I have granted **Fearless Outdoorsman, Inc.** A NONPROFIT ORGANIZATION, that grants Hunting and Fishing Dreams, Permission to contact my/childs attending physician regarding the health status of myself/child and hereby grant permission for the physician to release the requested information to **Fearless Outdoorsman, Inc.** The information needed will be submitted on letterhead, showing the physician's License Number & Stating the applicants Name, Condition & that it is considered a life-threatening illness, or military disability.

(X) \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Applicant**

***Videotaping/photography: I authorize Fearless Outdoorsman, Inc. to record and edit his/her image in connection with the program and agree that these may be used on Fearless Outdoorsman Inc, for Promotional Material, Social Media, Website, Youtube, Others.***

**Yes    No**

(X) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant**



**Fearless Outdoorsman Inc.**

**Please Choose Species in Order of Priority  
In Case first choices are unavailable**

**Fishing/Species:** \_\_\_\_\_

**Exotic Species:** \_\_\_\_\_

WhiteTail Deer\_\_\_\_\_ Mule Deer\_\_\_\_\_ Coues Deer\_\_\_\_\_ Elk\_\_\_\_\_ Moose\_\_\_\_\_

Red Stag\_\_\_\_\_ Black Bear\_\_\_\_\_ Grizzly Bear\_\_\_\_\_ Wolf\_\_\_\_\_ Caribou\_\_\_\_\_

Bird/Species\_\_\_\_\_ Sheep/Species\_\_\_\_\_ Cat/Species\_\_\_\_\_

Alligator\_\_\_\_\_ Boar\_\_\_\_\_ Antelope\_\_\_\_\_ Javelina\_\_\_\_\_ Bison/Buffalo\_\_\_\_\_

Other: \_\_\_\_\_



## **Checklist**

### Youth Applicant

- Application
- Waiver of Liability
- Acceptance of terms/conditions
- Expedition Choice
- Authorization Form
- Current Hunting/Fishing License (If Applicable)
- Physicians note Stating this is a life threatening illness/disability. The illness/disability and complications the applicant has. (Mandatory)
- All original mailed to Fearless Outdoorsman Headquarters:  
822 E. Ustick Rd. Meridian, ID 83646

### Veteran Applicant

- Application
- Waiver of Liability
- Acceptance of terms/conditions
- Expedition Choice
- Authorization Form
- Current Hunting/Fishing License (If Applicable)
- Copy of your DD (Form 214)
- Copy of your VA Disability rating letter (greater than 40% preferred)
- All original mailed to Fearless Outdoorsman Headquarters