



LIABILITY WAIVER

The Outdoor Experience 4 All is a non-profit organization seeking to grant an Outdoor Experience for children (17 & under) with life-threatening illnesses wanting to participate in hunting or fishing experience. The Outdoor Experience 4 All requires the execution of this comprehensive waiver as follows:

Entry or Release of all claims:

In consideration of my acceptance or entry in the “The Outdoor Experience 4 All”, I release “The Outdoor Experience 4 All” and all volunteers who are connected with this, from any liability or claims of injury to body or property or illness that I sustain during my participation in the Outdoor Experience, 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 Outdoor Experience for any legitimate purpose.

I, _____ agree that my successors, heirs, and assigns to hold harmless and forever indemnify “The Outdoor Experience 4 All” 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 OR EVENT as set forth and otherwise facilitated by the “The Outdoor Experience 4 All”.

This understanding is hereby executed on this ____ day of _____, 20__ and evidence by the signatories as set forth below:

Parent or Guardian

The Outdoor Experience 4 All
Board Member

Signed before me on this ____ day of _____, 20__

Notary Public

Witness



Medical Questionnaire

The following information will help your Outdoor Experience 4 All team provide the most enjoyable and safest hunt possible.

Disease or condition: _____

Physician or Nurse Practitioner contact:

Name: _____

Phone: _____ E-mail: _____

*Please contact your health care provider to authorize relevant communication with physician liaison Carla Denham MD, 602-512-5696, cdenham@hov.org.

Please check all that the hunter uses or has:

- _____ Crutches
- _____ Wheelchair
- _____ Motorized wheelchair
- _____ Oxygen
- _____ Tracheotomy
- _____ Colostomy or urostomy
- _____ Indwelling intravenous catheter
- _____ CPAP or BiPAP machine

Is the hunter currently undergoing chemotherapy? _____

Please list medications: _____

Please list allergies: _____

Does the hunter have any dietary restrictions or special needs? _____



Terms and Conditions of the Outdoor Experience 4 All

I _____ (Name of Parent or Guardian) have read and here by certify that I understand what is required by us as a parent or guardian of our youth applicant in order for he or she to participate in the Outdoor Experience 4 All. I understand that in some cases through donations some of the expenses may be covered for the youth. It is understood that and agreed by the parent or guardian

(Name Parent or Guardian name) that The Outdoor Experience 4 All or any of the groups of volunteers or individual volunteers are not responsible for any of the monies spent by the parent or guardian unless otherwise donations are available at the time of the application and tag transfer has been completed for the Outdoor Experience and any expenses have been approved by and through The Outdoor Experience 4 All and it's volunteer groups or volunteer individuals. I _____ (Name Parent or Guardian name) acknowledge that I have no authorization to make purchases or arrangements on behalf of The Outdoor Experience 4 All and it's volunteer groups or volunteer individuals without written consent from The Outdoor Experience 4 All and it's volunteer groups or volunteer individuals.

Signature of parent or guardian _____ on behalf of the

Youth applicant _____, Date _____
(Youth Name)

Signed and sworn before me on _____ (Date)

Notary _____

Notary Seal:



Physician Health Status Release Form

I _____ (name of parent or guardian) grant The Outdoor Experience 4 All permission to contact the applicants

_____ (name of child)

Attending physician regarding my child's health status and permission for the attending physician to release any medical information that may be needed to The Outdoor Experience 4 All. Any medical information needed will be submitted on letter head showing the physician's name, license number, youth's name, condition and that is considered a life threatening illness.

Parent or Guardian Signature

Date