

Disabled Veteran or Wounded Warrior APPLICATION

Hunter Information:

Name: _____ D.O.B. __ \ __ \ __ Age _____

Social Security Number _____ Sex: Male _____ Female _____

Height _____ Weight _____ Eyes _____ Hair _____

Emergency Contact Information:

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone ____ - ____ - ____ Home Phone ____ - ____ - ____ Home

Phone ____ - ____ - ____ Cell Phone ____ - ____ - ____ Cell

E-mail _____ E-mail _____

Doctor or Hospital Contact Information:

(only if it still applies in your case)

Medical Information:

Physician Name _____

Hospital or Treatment Facility _____

Address _____ City _____ State _____ Zip _____

Office Phone ____ - ____ - ____ Fax ____ - ____ - ____

E-mail _____

All Applicants **MUST** attach a **NOTARIZED** photo copy of their **DD214**

A VETERAN OF THE ARMED FORCES OF THE UNITED STATES WHO HAS A SERVICE-CONNECTED DISABILITY. For the purposes of this paragraph:

(i) "Disability" means a permanent physical impairment that substantially limits one or more major life activities requiring the assistance of another person or a mechanical device for physical mobility.

We need a detailed description of the **Qualifying** injury and when it occurred.

(Note: This information will be used to verify all applicants through our US Military and VA Hospitals) We will be submitting your DD214 along the Statue and this page and asking if the applicant qualifies Yes or No? The DD214 only gives a percentage of the disability and not a description.

Please attach another page if needed.

Summary of Physical Limitations:

Special Needs or Accommodations:

Please select your Outdoor Experience you wish to participate in: Hunting___ Fishing___
Please number in the order you prefer from the following for hunting, number from 1 to 10, with 1 being your first choice and 10 your last choice. Arizona offers the following species know as the Big Ten.

Antelope ____, Whitetail Deer ____, Mule Deer ____, Javelina ____, Bighorn Sheep ____,

Buffalo ____, Elk ____, Bear ____, Turkey ____, Mountain Lion ____.

Due to past experiences it is important that we know any limitations that the applicant has: Example: can the applicant walk if yes how far before they need rest. If the applicant is in a wheel chair is it a motorized or must it be pushed by someone else. Does the motorized chair need to be charged? Does the applicant need oxygen tanks? Please be as detailed as possible so that we have the ability to provide the best experience as possible.

Please attach another page if needed.

Tag Transfers:

Under Arizona Revised Statutes and Arizona Game and Fish Commission Rules there are ways people can transfer big game tags to children and as of July 24, 2014 tags can be transferred to Disabled Veterans.

THE COMMISSION MAY PRESCRIBE THE MANNER AND CONDITIONS OF TRANSFERRING AND USING PERMITS AND TAGS UNDER THIS PARAGRAPH, INCLUDING AN APPLICATION PROCESS FOR A QUALIFIED ORGANIZATION, TO ALLOW a person TO transfer the person's big game permit or tag to a qualified organization for use by:

(a) A minor child who has a life-threatening medical condition or by a minor child who has a permanent physical disability. If a physically disabled child is under fourteen years of age, the child must satisfactorily complete the Arizona hunter education course or another comparable hunter education course that is approved by the director.

(b) A VETERAN OF THE ARMED FORCES OF THE UNITED STATES WHO HAS A SERVICE-CONNECTED DISABILITY. For the purposes of this paragraph:

(i) "Disability" means a permanent physical impairment that substantially limits one or more major life activities requiring the assistance of another person or a mechanical device for physical mobility.

(ii) "Qualified organization" means a nonprofit organization that is qualified under section 501(c)(3) of the United States internal revenue code and that affords opportunities and experiences to children with life threatening medical conditions or with physical disabilities OR TO VETERANS WITH SERVICE-CONNECTED DISABILITIES.

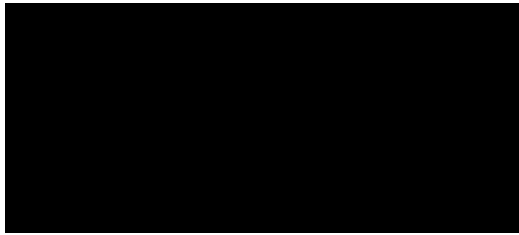
Consult A.R.S. 17-332 for more information. The applicant has a valid hunting or combination license on the date of transfer. Some states require satisfactorily completion of a department-approved hunter education course by the date of transfer

Has the applicant successfully completed the hunter education class?

Yes ___ No ___. If yes, in what state _____. What is the number _____?

Physically Challenged Hunters:

Those hunters who are physically challenged may qualify for a Challenged Hunter Access/Mobility Permit (CHAMP). Consult R12-4-217 for a description of this permit. Contact the Arizona Game and Fish Department office at 602-942-3000 for additional information and application. www.azgfd.com.



LIABILITY WAIVER

The Outdoor Experience 4 All is a non-profit organization seeking to grant an Outdoor Experience for Disabled Veterans with a service related injury 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:

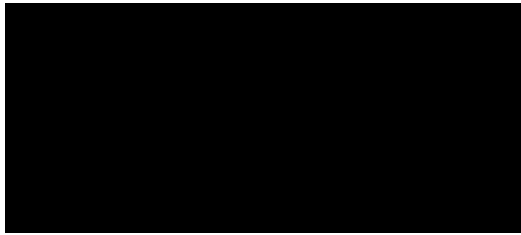
Applicant Signature

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.

Disability or condition: _____

Physician or Nurse Practitioner contact if you are currently seeing someone:

Name: _____

Phone: _____ E-mail: _____

Please check all that the hunter uses or has:

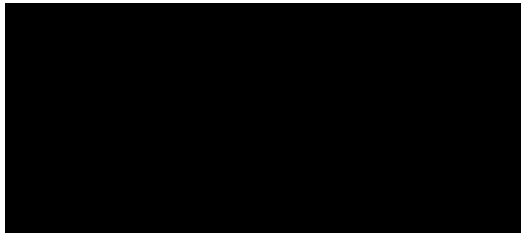
- _____ Crutches
- _____ Wheelchair
- _____ Motorized wheelchair
- _____ Oxygen
- _____ Tracheotomy
- _____ Colostomy or urostomy
- _____ Indwelling intravenous catheter
- _____ CPAP or BiPAP machine

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 _____ (Applicant name or Guardian name) have read and here by certify that I understand what is required by me/us as the Applicant or guardian in order for the Applicant 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.

_____ (Applicant name 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 Applicant 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 _____ (Applicant name 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.

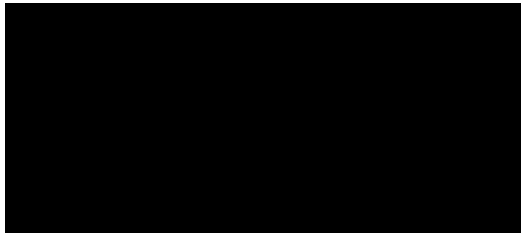
Signature of Applicant or guardian _____ on behalf of the

Applicant Name _____, Date _____
(If Guardian is been used)

Signed and sworn before me on _____ (Date)

Notary _____

Notary Seal:



Physician Health Status Release Form

I _____ (Applicant name or Guardian name) authorize Outdoor Experience 4 All (The Outdoor Experience Inc.) the authority to verify my disability for qualification for the program tag transfer using my DD214 (supplied by applicant) and a written description of the qualifying injury supplied by the applicant.

Signature of Applicant or guardian _____ on behalf of the

Applicant Name _____, Date _____
(If Guardian is been used)

Signed and sworn before me on _____ (Date)

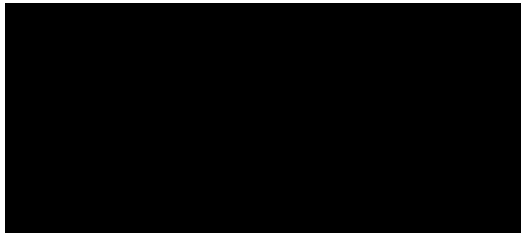
Notary _____

Notary Seal:

Application must be fully completed for the applicant to be considered for any “Outdoor Experience 4 All” adventure.

Please mail completed application to:

Outdoor Experience 4 All
Eddy Corona
12826 South 38th Place
Phoenix AZ 85044
480-529-8340 Cell and 480-893-1830 fax



Eddy Corona

1226 South 38th Place

Phoenix AZ 85044

480-529-8340 Cell and 480-893-1830 fax



Medical Doctor Page

I _____ (Print Applicants Doctor's Name)

In my professional opinion, _____
(Print Applicants Name)

Meets the qualifications to participate with Outdoor Experience 4 All (The Outdoor Experience Inc.) **(Please note the percentage of disability is NOT used as a method to qualify for the program)**

Definition of the qualification: A VETERAN OF THE ARMED FORCES OF THE UNITED STATES WHO HAS A SERVICE-CONNECTED DISABILITY. For the purposes of this paragraph:

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Signature of Doctor _____ on behalf of

Applicant Name _____, Date _____

Doctor's office phone number _____

Doctor's work email _____

Signed and sworn before me on _____ (Date)

Notary _____

Notary Seal:

