



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: _____

Please send all documents too Fearless Outdoorsman- 840 E Ustick Rd, Meridian, ID 83646
Other than medical personel, Please DO NOT give or deliver these documents to anyone



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

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