Awesome Women's Experience

Registration Form 2019

Name:	Phone:
	E-mail:
Date of Birth: (applies to 12 – 16 age group):	
Are you a member of ST. JOSEPH ISLAND HUNTERS & A	
Are you an OFAH member?	OFAH Number:
	N A FIRST COME / FIRST SERVED BASIS
All participants will be enrolle	ed in each class with equal time.
DIS BREA HOW TO M	K THROWING C GOLF DMAKING AKE A SNARE G COMPETITION
Waiver and Re	elease of Liability
SJ	for I AWE
ST. JOSEPH ISLAND I	and HUNTERS AND ANGLERS
THE ONTARIO FEDERATIO	^{and} N OF ANGLERS AND HUNTERS
I acknowledge and fully understand that I will be engaging in a prequipment. I fully understand that in such a setting, accidents may owner or others either taking part in the activity or instructing at the	ay happen, and I hold blameless the organizers, equipment, property
In understanding that there is some risk to any activity of this type from accident, injury or disability however caused. In this unders Joseph Island Hunters & Anglers, St. Joseph Island Awesome We affiliated clubs, their respective administrators, directors, volunteer	omen's Experience and Ontario Federation Anglers & Hunters, its
I take full responsibility for any demands placed upon me, losses whole or in party by the negligence of anyone, including the organ event may be used in future promotional materials with no remun	
affixed hereto and dated, I accept full responsibility for taking part	of this waiver by signing and dating this waiver. With my signature in this event and agree that St. Joseph Island Awesome Women's those acting on their behalf and other participants, will not be held
Important note: Safety at Awesome Women's Experience ev	ent's is our number one priority.
Participant's Signature:(Parent if under 16 years)	
(If 12 – 16 years old), Accompanied by?	
Print Participant Name:	Date:
	nd or videos taken today for promotional and advertising purposes".

Mail to: Sigrid Robinson RR 1 Hilton Beach, ON. P0R 1G0 by August 23, 2019