**Awesome Women’s Experience**

Registration Form 2018

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: (applies to 12 – 16 age group):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of ST. JOSEPH ISLAND HUNTERS & ANGLERS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you an OFAH member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OFAH Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REGISTRATIONS WILL BE FILLED ON A FIRST COME/FIRST SERVED BASIS

All participants will be enrolled in each class with equal time.

**TOMAHAWK THROWING COMPASS QUEST SCAVENGER**

**FLYFISHING FORESTRY & WILDLIFE MANAGEMENT**

……………………………………………………………………………………………………

**Waiver and Release of Liability**

for

SJI AWE

and

ST. JOSEPH ISLAND HUNTERS AND ANGLERS

and

THE ONTARIO FEDERATION OF ANGLERS AND HUNTERS

I acknowledge and fully understand that I will be engaging in a program that involves physical outdoor activity and specialized equipment. I fully understand that in such a setting accidents may happen and I hold blameless the organizers, equipment, property owner or others either taking part in the activity or instructing at the time.

In understanding that there is some risk to any activity of this type, I accept personal responsibility for any and all damages that result from accident, injury or disability however caused. In this understanding, I release, waive, discharge and covenant not to sue St. Joseph Island Hunters & Anglers, St. Joseph Island Awesome Women’s Experience and Ontario Federation Anglers & Hunters, its affiliated clubs, their respective administrators, directors, volunteers, employees of the organization, or other participants.

I take full responsibility for any demands placed upon me, losses or damages on account of injury caused or alleged to be caused in whole or in party by the negligence of anyone, including the organization, involved or otherwise. I acknowledge that photos of the event may be used in future promotional materials with no remuneration given to the participants.

I have read the above waiver and I voluntarily agree to the terms of this waiver by signing and dating this waiver. With my signature affixed hereto and dated, I accept full responsibility for taking part in this event and agree that St. Joseph Island Awesome Women’s Experience, The Ontario Federation of Anglers and Hunters, and those acting on their behalf and other participants, will not be held liable.

**Important note: Safety at Awesome Women’s Experience event’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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

"I permit the St Joseph Island Hunters & Anglers to use photos and or videos taken today for promotional and advertising purposes".

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail to: Sigrid Robinson RR 1 Hilton Beach, ON. P0R 1G0 by September 10, 2018