

**APPLICATION FOR SEASONS OF HOPE
PROGRAMS & EVENTS**

Does medical condition require an expedited consideration, processed ASAP?

YES ___ NO ___ Date _____

Name & Phone Number(s) (list all)

If under 20, Parent's Name: _____

Email Address: _____

Applicant's SSN (required for licenses) _____ Age _____

Address _____

City St Zip County _____

Date of Birth (mm/dd/yyyy) _____

Driver's License # (if Applicable) _____ DL State _____

Eye Color _____ Hair Color _____ Weight _____ Height _____

Describe illness/disability: _____

How long ill/disabled? _____

Cause of illness/disability (if known): _____

Please explain how mobile applicant is in an outdoor environment:

Do you have a Hunter Safety Certification? Yes ___ No _____

If yes, provide certification # and State Issued: _____

of Deer or Other Large Game Taken Lifetime: _____ # taken since ill/disabled? _____

of Turkeys Taken Lifetime: _____ # taken since ill/disabled? _____

Tell us if you fish now, where, how often and what fish? _____

Years of Hunting Experience: ___ Best Buck: _____ Years Fishing Experience _____

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Best Fish _____

Check the following excursions you are REALLY interested in:

- | | | | |
|---|--|---|-------------------------------------|
| <input type="checkbox"/> Deer Hunt: | <input type="checkbox"/> Turkey Hunt: | <input type="checkbox"/> Hog Hunt: | |
| <input type="checkbox"/> Exotic Large Game: | <input type="checkbox"/> Quail Hunt: | <input type="checkbox"/> Dove Hunt: | |
| <input type="checkbox"/> Squirrel Hunt: | <input type="checkbox"/> Rabbit Hunt: | <input type="checkbox"/> Coon Hunt: | |
| <input type="checkbox"/> Duck Hunt: | <input type="checkbox"/> Fresh Water Fish: | <input type="checkbox"/> Salt Water Fish (inland) | |
| <input type="checkbox"/> Salt Water Fish (Deep Sea) | <input type="checkbox"/> Bow Fish | <input type="checkbox"/> Scuba Dive | <input type="checkbox"/> Spear Fish |

I have:

- | | | |
|---|---|--|
| <input type="checkbox"/> Freshwater Fishing Gear | <input type="checkbox"/> Saltwater Gear | <input type="checkbox"/> Deer rifle w/ scope |
| <input type="checkbox"/> Deer rifle without scope | <input type="checkbox"/> Shotgun | <input type="checkbox"/> Muzzleloader |
| <input type="checkbox"/> Compound Bow | <input type="checkbox"/> Crossbow: | <input type="checkbox"/> Hunting Clothes |
| <input type="checkbox"/> Hunting Boots | | |

What distance are you comfortable shooting at large game?

- 20 yards: 50 yards: 100 yards: 200 yards:

Indicate if your mobility will allow you to use on a hunt any of the following:

- Elevated Stand w/ Steps: Elevated Stand w/Ladder:
 Elevated Lock-On w/ Tree Steps: Climbing Tree Stand

If Wheelchair, type: Electric: Manual

Widest Width of Wheelchair: _____ Does hunter need special gun rest? ___ Yes ___ No

Does s/he have a special gun rest ? ___ Yes ___ No

If gun rest or adaptive gear is needed, please provide details and why:

Can applicant be easily transferred into a 4WD pickup for transporting? Explain:

Can applicant be easily transferred into a boat? Explain:

Can applicant tolerate extreme heat/cold? Please explain if no to either:

Describe any dietary restrictions/requirements

Is applicant allergic to anything outdoors? Explain:

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List any special accommodations required for applicant

Has applicant been involved in any other special hunting/fishing trip(s) or is being considered for one by another organization? If so, explain. Provide organization name, date(s) and details of trip(s). Include any currently applied for.

***ALL APPLICANTS AGREE TO NOTIFY SEASONS OF HOPE IF THEY PARTICIPATE IN ANY OTHER SPECIAL HUNT DURING THEIR PERIOD OF CONSIDERATION.**

Please describe your financial status at this time:

Can you afford to pay for a hunt with an outfitter? ____ Yes ____ No

Please add any additional comments:

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SEASONS OF HOPE, INC WAIVER, RELEASE OF LIABILITY & MEDIA RELEASE FORM

Please note: There are two places requiring signatures, three if you are a minors (under the age of 20)

In consideration of being allowed to participate in any way in Seasons of Hope, Inc's (SOH) programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1 Agree that prior to participating, I will inspect, or if a parent and/or legal guardian, I will instruct the minor participant to inspect the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise SOH of such condition(s) and refuse to participate.

2 Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not know to me or not reasonably foreseeable at this time.

3 Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

4 Release, waive, and discharge all and covenants to sue Seasons Of Hope, Inc. (SOH) its affiliated clubs, their representatives, administrators, directors, agents, outfitters, guides, landowners and any other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners of leases of premises used to conduct the event, all of which are hereinafter referred to and "released", from demands, losses or damages from injury, including death or damage to property caused or alleged to be caused in whole or in part by the negligence of this release or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE AND UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AND HAVE NOT CHANGED IT ORALLY AND SIGN IT VOLUNTARILY.

Participant's Name _____

Signature (electronic signature is binding) _____

Date: _____

FOR PARICIPANTS OF MINORITY AGE:

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, all of these releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless Seasons Of Hope, Inc. (SOH) from any and all liabilities incident to my minor child's involvement or participation in these programs provided above EVEN IF ARISING FROM THEIR NEGLIGENCE.

Parent's Signature (electronic signature is binding) _____

Minor Participant's Name _____

Date MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to SOH to copyright and/or publish any and all photographs, videotapes or films for any exhibitions, public displays, publications, commercials, art, advertising purposes, and television programs without limitations or reservations.

Signature (electronic signature is binding): _____ Date: _____

Mail with a RECENT, FULL BODY photo to: Seasons of Hope, Inc. 1205 Buena Vista Blvd, Panama City, FL 32401