



## Clintonville Area Bow Hunt October 20<sup>th</sup> – 22<sup>nd</sup>, 2017

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

I will attend on (please check all that apply)

\_\_\_\_\_ Friday Oct 20<sup>th</sup> \_\_\_\_\_ Saturday Oct 21<sup>th</sup> \_\_\_\_\_ Sunday Oct 22<sup>nd</sup>

I will have a traveling companion-please circle: Name \_\_\_\_\_

I would like to hunt from : a ground blind, my own treestand , other \_\_\_\_\_

You must have a current WI Class A, B, or C hunting permit # \_\_\_\_\_

Type of mobility impairment:

\_\_ Crutches/cane \_\_ Wheelchair \_\_ Other (Please describe) \_\_\_\_\_

Hunting experience level: ( ) Beginner/Intermediate ( ) Experienced

I would like to stay: in the accessible bunkhouse \_\_\_\_\_ I will lodge elsewhere \_\_\_\_\_

Must be an Adaptive Sportsman Inc., member to participate

PLEASE INCLUDE \$15.00 RESERVATION FEE & RETURN TO: Adaptive Sportsmen Inc  
%Joe Ehr

E 3602 Cut Off Rd, WI 54962

[josephehr@yahoo.com](mailto:josephehr@yahoo.com)

The undersigned participant to enjoy outdoor recreation release Adaptive Sportsmen Inc., & all officers or volunteers, as permitted by applicable law, of any and all liability. I hereby agree to release, indemnify, and discharge the above-mentioned entities and individuals acknowledging that my participation in outdoor activities could result in injury. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

Signature \_\_\_\_\_