



Clintonville Area Bow Hunt October 20th – 22nd, 2017

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

I will attend on (please check all that apply)

_____ Friday Oct 20th _____ Saturday Oct 21th _____ Sunday Oct 22nd

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

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 _____