



Fishing Has No Boundaries
CHIPPEWA VALLEY CHAPTER
LAKE HOLCOMBE

VOLUNTEER/ATTENDANT REGISTRATION FORM

NAME: _____

(Club, organization, or agency)

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

VETERAN STATUS: VETERAN _____ NON-VETERAN _____ (CHECK ONE)

RELEASE OF CLAIMS: In acceptance of my participation in this year's FHNB event, I release FHNB, Inc. and the FHNB Chippewa Valley Chapter of Menomonie, Wisconsin, within Dunn County, and the event location of Paradise Shores located in Holcombe, Wisconsin, and all respective agents and employees and all others connected with the Event, from liability or claims for any injury to body or property or illness sustained during my participation in this Event. I understand this release applies to me, heirs and anyone in participation with me. I am capable of participating in this Fishing Event for Individuals with Disabilities, recognize that risk of injury may accompany such participation, and acknowledge this release is being relied upon by this FHNB Chapter and FHNB, Inc. in permitting me to participate. I grant full permission to any and all related during the Event to use any photographs, movies, recordings, and other records of this Event, without compensation.

SIGNATURE: _____ DATE: _____

BE SURE TO ATTEND THE VOLUNTEER ORIENTATION SESSION



Parent or Legal Guardian (of Volunteers under 18 years of age)

As a parent or legal guardian of the above named volunteer, I hereby give my consent to allow my child (ward) to volunteer services for FHNB. I have read the volunteer handbook and fully understand its terms and conditions, paying special attention to the release section therein.

 Signature of Parent or Legal Guardian (if child is under 18)

 Date

 Volunteer Coordinator Signature

 Date