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Wheatland Fishing Has No Boundaries Anglers Registration Application Application DEADLINE September 1st			
NAME	AGE	SEX	
ADDRESS	C	ITY	
STATE ZIP PHONE ( )		VETERAN	
E-MAIL	SHIRT SI	ZE	
DESCRIBE EXACT DISABILITY:			
WHEELCHAIR OR SCOOTER? YES NO MANUAL MEDICATION : (BE SPECIFIC- INFORMATION MANDATORY)			
YOU WISH TO FISH FROM; BOAT SHOP	RE		
DOES PARTICIPANT NEED A STAFF MEMBER ON BOAT WIT	H THEM?		
ORGANIZATION EMERGENCY CONTACT:			

IF YOU INTEND TO BRING YOUR OWN BOAT, PLEASE REQUEST BOAT OWNER FORM.

## ENTRY FEES: \$25.00 Per Participant

MAIL REGISTRATION TO: Wheatland FHNB PO BOX 188 Towanda, Kansas 67144

**RELEASE OF CLAIMS:** In acceptance of my participation in the "Wheatland Fishing Has No Boundaries" fishing event, I release WFHNB; the city of El Dorado; the County of Butler; all respective agents and employees of the above mentioned and all volunteers who are connected with this event from any liability or claims for any injury to body or property or illness that I sustain during my participation in this event. I understand that this release applies to myself; my personal attendant; heirs and assigns. I represent that I am capable of participation and acknowledge that this release is being relied upon by the above persons in permitting me to participate. I also grant full permission to any or all foregoing to use any photographs; videotapes; motion pictures or any other records of this event for any legitimate purpose.

SIGNATURE:	
ENTRY <u>MUST</u>	BE SIGNED BY PARTICIPANT OR LEGAL GUARDIAN.

\_DATE: \_\_\_\_\_