

# Texas Outdoor C.H.I.L.D. Hunter Application

## Hunter Information

Name: \_\_\_\_\_ D.O.B./Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Sex: M F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Illness: \_\_\_\_\_

Clothing Sizes: Jacket \_\_\_\_\_ Pants \_\_\_\_\_ Boots \_\_\_\_\_

## Parents/Guardian Information

Fathers Name: \_\_\_\_\_ Mothers Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Alternate Emergency Contact: (Must be provided) \_\_\_\_\_

## Medical Information

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Treatment Facility/Hospital: \_\_\_\_\_

Summary of Physical limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Needs or Accommodations: \_\_\_\_\_

\_\_\_\_\_

NOTE: Physicians Statement MUST be attached to application

## Hunt Information

What Species: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Method: Rifle \_\_\_\_\_ Bow \_\_\_\_\_

Has the child ever hunted before? \_\_\_\_\_ Do they presently have a license to Hunt? \_\_\_\_\_

Have they ever had a hunter safety course? \_\_\_\_\_ If so, when: \_\_\_\_\_

Please attach a copy of the certificate.

Have you ever participated in any other program such as this? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

# WAIVER OF LIABILITY

TEXAS OUTDOOR C.H.I.L.D. is a non-profit organization whose mission is to provide hunting, fishing and outdoor adventures to children from 8 years of age to 20 years of age who are residents or native to the State of Texas. These children suffer from terminal illnesses or life altering medical conditions. With that said, TEXAS OUTDOOR C.H.I.L.D. requires the execution of this waiver as follows:

With my acceptance and participation in the TEXAS OUTDOOR C.H.I.L.D. adventure, I release TEXAS OUTDOOR C.H.I.L.D. and all volunteers who are connected with this adventure, from any liability or claims of injury to body or property or illness that I sustain during my participation in the adventure. I understand that this applies to myself, my personal helpers/traveling companions, heirs and assigns. I represent that I am capable of participation and acknowledge that this release is being relied upon by the above named organization in permitting me to participate. I also grant full permission to any and all foregoing to use any photographs, recordings, or any other records of this adventure for any legitimate purpose.

I, \_\_\_\_\_ agree that my successors, heirs, and assigns to hold harmless and forever indemnify TEXAS OUTDOOR C.H.I.L.D., its Board of Directors, Officers, Agents/Outfitters/Charter Boat Captains, and collaborators from any and all liability associated with any death resulting from, or in association with, or during the execution of the adventure as set forth and otherwise facilitated by TEXAS OUTDOOR C.H.I.L.D.

I, \_\_\_\_\_ agree that my successors, heirs, and assigns to hold harmless and forever indemnify TEXAS OUTDOOR C.H.I.L.D., its Board of Directors, Officers, Agents/Outfitters/Charter Boat Captains, and collaborators from any and all liability associated with any injuries sustained in association with, or during the execution of the adventure as set forth and otherwise facilitated by TEXAS OUTDOOR C.H.I.L.D.

(X) This understanding is hereby executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and evidence by the signatories as set forth below:

(X) \_\_\_\_\_  
TEXAS OUTDOOR C.H.I.L.D. PARTICIPANT  
(if over 18 years old) or Parent/Guardian

(X) Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(X) \_\_\_\_\_ (X) \_\_\_\_\_

Notary Public

Witness

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**MUST BE COMPLETED AND SEND WITH APPLICATION TO:**

**TEXAS OUTDOOR C.H.I.L.D. 2103 BOXWOOD PATH ROUND ROCK, TX 78664**