

# NORTHERN ARIZONA HUNTS for HOPE

## LIABILITY WAIVER

The Northern Arizona Hunts for Hope is a non-profit organization seeking to grant an Outdoor Hunting Experience for children (17 & under) with life-threatening illnesses wanting to participate in hunting or outdoor experiences. The Northern Arizona Hunts for Hope requires the execution of this comprehensive waiver as follows:

Entry or Release of all claims:

In consideration of my acceptance or entry in the "Northern Arizona Hunts for Hope", I release "Northern Arizona Hunts for Hope" and all volunteers who are connected with this, from any liability or claims of injury to body or property or illness that I sustain during my participation in the Hunting or Outdoor Experience, 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 Hunting or Outdoor Experience for any legitimate purpose.

I, \_\_\_\_\_ agree that my successors, heirs, and assigns to hold harmless and forever indemnify "Northern Arizona Hunts for Hope" its Board of Directors, 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 DREAM HUNT OR EVENT as set forth and otherwise facilitated by the "Northern Arizona Hunts for Hope". This understanding is hereby executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ and evidence by the signatories as set forth below:

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Northern Arizona Hunts for Hope  
Board Member

Signed before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Witness

# Northern Arizona Hunts for Hope

## Medical Questionnaire

The following information will help your Northern Arizona Hunts for Hope team provide the most enjoyable and safest hunt possible.

Disease or condition: \_\_\_\_\_

Physician or Nurse Practitioner contact:

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*Please contact your health care provider to authorize relevant communication with physician liaison Sue Howell, 928-526-6833, [janddsue@aol.com](mailto:janddsue@aol.com)

Please check all that the hunter uses or has:

- \_\_\_\_\_ Crutches
- \_\_\_\_\_ Wheelchair
- \_\_\_\_\_ Motorized wheelchair
- \_\_\_\_\_ Oxygen
- \_\_\_\_\_ Tracheotomy
- \_\_\_\_\_ Colostomy or urostomy
- \_\_\_\_\_ Indwelling intravenous catheter
- \_\_\_\_\_ CPAP or BiPAP machine

Is the hunter currently undergoing chemotherapy? \_\_\_\_\_

Please list medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the hunter have any dietary restrictions or special diet needs? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Terms and Conditions of Northern Arizona Hunts for Hope

I \_\_\_\_\_ (Name of Parent or Guardian) have read and here by certify that I understand what is required by us as a parent or guardian of our youth applicant in order for he or she to participate in the Northern Arizona Hunts for Hope. I understand that in some cases through donations some of the expenses may be covered for the youth. It is understood that and agreed by the parent or guardian

\_\_\_\_\_  
(Name Parent or Guardian name) that the Northern Arizona Hunts for Hope or any of the groups of volunteers or individual volunteers are not responsible for any of the monies spent by the parent or guardian unless otherwise donations are available at the time of the application and tag transfer has been completed for the Northern Arizona Hunts for Hope and any expenses have been approved by and through the Northern Arizona Hunts for Hope and it's volunteer groups or volunteer individuals. I \_\_\_\_\_ (Name Parent or Guardian name) acknowledge that I have no make purchases or arrangements on behave of The Northern Arizona Hunts for Hope and it's volunteer groups or volunteer individuals without written consent from The Northern Arizona Hunts for Hope and it's volunteer groups or volunteer individuals.

Signature of parent or guardian \_\_\_\_\_ on behalf of the

Youth applicant \_\_\_\_\_, Date \_\_\_\_\_  
(Youth Name)

Signed and sworn before me on \_\_\_\_\_ (Date)

Notary \_\_\_\_\_

Notary Seal:

# Northern Arizona Hunts for Hope

## Physician Health Status Release Form

I \_\_\_\_\_ (name of parent or guardian) grant The Northern Arizona Hunts for Hope permission to contact the applicants (name of child) \_\_\_\_\_

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Attending physician regarding my child's health status and permission for the attending physician to release any medical information that may be needed to The Northern Arizona Hunts for Hope. Any medical information needed will be submitted on letter head showing the physician's name, license number, youth's name, condition and that is considered a life threatening illness.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date