



Fishing has no boundaries®

BOAT & CAPTAIN REGISTRATION FORM – 2011

Brainerd Lakes FHNB – Confidence Learning Center

NAME _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE: HOME () _____ WORK () _____ CELL () _____

E-MAIL ADDRESS _____

T-SHIRT SIZE: _____ BOAT TYPE (PONTOON, V-HULL, etc.) _____

LENGTH OF BOAT _____ FT. WIDTH OF WIDEST PONTOON DOORWAY _____ INCHES

HOW MANY ANGLERS CAN YOU SAFELY MANAGE? _____ CAN YOU ACCOMMODATE A WHEELCHAIR? _____

I WILL PROVIDE (Circle choices): Lifejackets _____ Fishing pole(s) for my angler(s) _____

WOULD YOU LIKE A FIRST MATE ASSIGNED TO YOUR BOAT? _____

I HAVE MY OWN 1ST MATE: Name: _____ T-Shirt size: _____

WOULD YOU OR YOUR 1ST MATE LIKE TO VOLUNTEER FOR OTHER ACTIVITIES OVER THE WEEKEND?:
____ Yes, Myself ____ Yes, My 1st Mate ____ No Thank You.

PREFERRED ANGLER (OPTIONAL): _____

I PLAN TO FISH ON (Circle one): Sylvan Lake _____ Gull Chain _____

PLANNED LAUNCH ACCESS: _____ (MAY BE YOUR LAKE HOME)

Note: Volunteers will be available to assist at Government Point Boat Access ONLY!

PLANNED LUNCH LOCATION (Circle one): Ernie's _____ Zorbaz _____ Camp Beach-Sylvan Lake _____

I WILL ATTEND (Circle one): Friday Dinner _____ Saturday Dinner _____ Friday & Saturday Dinner _____ Total number eating with me _____

COMMENTS: _____

READ AND SIGN

RELEASE OF CLAIMS: In consideration of the acceptance of my participation in the FHNB fishing event on Aug 26-27, 2011, I release FHNB, the Confidence Learning Center, the Gull Chain of Lakes Assoc., all respective agents and employees, of the afore mentioned and all others connected with this event, from any liability or claims for an injury to body or property or illness that I sustain during my participation in this event I understand that this release applies to myself, heirs and assigns. I represent that I am capable of participating in this event, recognize that risk of injury may accompany such participation and acknowledge that this release is being relied upon by the above persons in permitting me to participate. I grant full permission to any and all of the foregoing to use any photographs, movies, recordings and other records of this event, without compensation.

BOAT OWNERS

I understand that my boat-owners insurance coverage will be the primary insurance to be used in the event of loss or damage to my boat. FHNB does not provide insurance coverage for boats or equipment used in this event.

VEHICLE DRIVERS

I certify that I have a valid driver's license and current insurance coverage for the vehicle I will use to transport FHNB participants, fishing partners, attendants and other volunteers to and from the boat launch site I will be using. I agree to allow a copy of my license and proof of insurance at the time of registration. **Important note: FHNB liability insurance coverage is valid only while actually on Sylvan Lake or lakes in the Gull Lake chain and does not cover driving to and from the launch site.**

SIGNATURE _____ DATE _____



MAIL COMPLETED FORM TO:
FHNB – Brainerd Lakes Chapter
P.O. Box 748
Nisswa, MN 56468

