



Fishing has no boundaries®

VOLUNTEER APPLICATION - 2011 FHNB- Brainerd Lakes Chapter August 26-27

NAME: _____ AGE (if under 18) _____

ADDRESS _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: HOME: _____ WORK: _____ CELL: _____

E-MAIL ADDRESS _____

T-SHIRT SIZE: _____ E-MAIL: _____

PREFERRED VOLUNTEER ACTIVITY: _____

DAYS/TIMES AVAILABLE: _____

COMMENTS: _____

RELEASE OF CLAIMS: In acceptance of my participation in the FHNB Fishing Event on August 26-27, 2011, I release FHNB, Inc. and the FHNB Brainerd Lakes Chapter, the Confidence Learning Center, the Gull Chain of Lakes Association, Counties of Cass and Crow Wing, the City of East Gull Lake, 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 sustain during my participation in this Event. I understand this release applies to me, my 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: _____ PRINT NAME: _____

DATE: _____ Application must be signed by volunteer



MAIL COMPLETED APPLICATION TO:
FHNB – Brainerd Lakes Chapter
PO Box 748
Nisswa, MN 56468

