



Fishing has no boundaries®



BOAT & CAPTAIN REGISTRATION – 2024 Brainerd Lakes FHN August 23-24, 2024

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)

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: _____

Have you ever been charged or convicted of a crime relating in any manner to children, vulnerable adults or others in regards to your conduct with them? Yes / No (Circle your answer)

READ AND SIGN

RELEASE OF CLAIMS: In consideration of the acceptance of my participation in the FHN fishing event on August 23-24.- 2024, I release FHN, the Confidence Learning Center, Rod Benders, Inc., 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. . 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.

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. FHN 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 FHN 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: FHN 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:
FHN – Brainerd Lakes Chapter
P. O. Box 748
Nisswa, MN 56468