



Fishing has no boundaries®



BOAT & CAPTAIN REGISTRATION – 2026
FHNB- Brainerd Lakes Chapter
August 28th-29th, 2026

NAME _____ T-SHIRT SIZE: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ (Circle one: Cell or Home) E-MAIL ADDRESS: _____

BOAT MAKE AND MODLE: _____ LENGTH OF BOAT ____ FT. ____ IN

CAN YOU ACCOMMODATE A WHEELCHAIR? Yes/No WIDTH OF WIDEST PONTOON DOORWAY _____ INCHES

HOW MANY PEOPLE CAN FIT IN YOUR BOAT? (This includes yourself, first mate if any, attendants and anglers): _____

ANGLERS CAN YOU SAFELY MANAGE? _____ I WILL PROVIDE (Circle choices): Lifejackets Fishing pole(s) for my angler(s)

PREFERRED ANGLER (OPTIONAL): _____

I HAVE MY OWN 1ST MATE: Name: _____ *Must fill out their own form*

IF NOT WOULD YOU LIKE ONE ASSIGNED TO YOUR BOAT? Yes/No

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 _____

****If you require lodging please fill out the separate form marked lodging****

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 FHNB fishing event on August 28-29, 2026, I release FHNB, 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. 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.**

Registration must be signed by Boat Captain

SIGNATURE _____ PRINT NAME: _____

DATE _____

MAIL COMPLETED FORM TO:
FHNB - Confidence Learning Center
1620 Mary Fawcett Memorial Drive
East Gull Lake, MN 56401