



# *Fishing has no boundaries*<sup>®</sup>

## VOLUNTEER REGISTRATION - 2024 FHNB- Brainerd Lakes Chapter August 23-24, 2024

NAME: \_\_\_\_\_ AGE (if under 18) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_

PREFERRED VOLUNTEER ACTIVITY: \_\_\_\_\_

DAYS/TIMES AVAILABLE: \_\_\_\_\_

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)

**RELEASE OF CLAIMS:** In acceptance of my participation in the FHNB Fishing Event on August 23-24.- 2024, I release FHNB, Inc. and the FHNB Brainerd Lakes Chapter, the Confidence Learning Center, Rod Benders, Inc., 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: \_\_\_\_\_ Registration must be signed by volunteer

**MAIL COMPLETED FORM TO:**

**FHNB – Brainerd Lakes Chapter  
P. O. Box 748  
Nisswa, MN 56468**