



Georgia Special Sportsmen Youth Event Application

Please consider this application for participation for a Georgia Special Sportsmen Event. I understand that this hunt is for resident youth, ages 13-19, who are physically challenged, or who have (or have had) a life threatening injury or illness. I feel that I am eligible because:

My age is: _____ My height is: _____ ft. _____ in. My weight is: _____ lbs.
 My shirt size is: _____ My pants size is: _____ My shoe size is: _____

(Circle The Applicable Answers Below)

1. I (have, do not have) a hunter certification card.
2. I (have, have not) been hunting before.
3. I (have, have not) fired a gun. (If so, what kind? _____)
4. I am (on therapy/treatment, off therapy/treatment). If selected to hunt, I would need the following special equipment: (Wheel chair, gun rest, heater, other _____)
5. I understand that a chaperone/supervisor will be with me during the hunt. If possible, I would like to have (*name/relationship*) _____

Accompany me *OR*:

 Signed (*Applicant*) _____
 Date of Birth

 Signed (*Parent/Guardian*) _____
 Today's Date

- I understand that the Georgia Special Sportsmen is a volunteer Christian outreach and, if chosen, by signature above, agree not to use profanity, alcohol, or tobacco products at any time during the event.
- After completion, mail this application to the address below.

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Please list any allergies to Medicine or Food:

Disability/Diagnosis: _____

Please list any questions/concerns you may have: _____

WAIVER & RELEASE

I hereby release and discharge Georgia Special Sportsmen, Inc. also known as GSS and all affiliated and associated organizations, Land Owners or Event Sponsors, together with their respective trustees, directors, officers, employees, and agents, of and from any and all demands, claims, causes of actions, suits, damages, judgments, or liabilities of any kind or nature whatsoever, arising out of or in any way related to the Participant's participation in a GSS including any personal injury or death, which he/she may suffer or incur as a result of participation in such program, whether or not caused by the negligence or wrongful acts of such persons or any agents, servants or employees of any of them. This release shall be binding upon the heirs, next of kin, guardians, executors and administrators of the Participant. In signing this release, I acknowledge and represent that I am over 18 years of age, I am of sound mind, I have read this release, understand it, sign it voluntarily and that this release contains the entire agreement between myself and Georgia Special Sportsmen, Inc. and all affiliates, Land Owners or Event Sponsors.

_____/_____/_____
Signature Of Participant Date Signature of Parent/Guardian (if under 18)

Thank you for wanting to be apart of Georgia Special Sportsmen, Inc.