



**Event Name: Touch of Nature Deer/Turkey Hunt, November 15, 16 & 17 of 2019**

**\*\*\*HELPER\*\*\* of Disabled Participant Registration Form**

*Please complete one registration form per participant*

Enroll in Pope County Deer Hunt by completing this form. Through the efforts of volunteers from the National Wild Turkey Federation we hope the adventures and challenges that you will experience will provide knowledge and memories to last a lifetime. In the event we have more apply than space, we will have a selection process. Selected Hunters will be notified by November 1<sup>st</sup>.

**Participant Name:** \_\_\_\_\_ **NWTF Membership #** \_\_\_\_\_

**Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**City, State, and Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Emergency contact name:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

**Emergency phone number:** \_\_\_\_\_ **Day or Night**

\*\*\*\*\*

In order to accommodate your needs and to ensure that you have a successful time at this event, we will need the following information. Provide as much detail as needed.

What is your disability (if you have a spinal cord injury please indicate what level)?

\_\_\_\_\_  
\_\_\_\_\_

Do you require the use of assistive devices? If so, please list (manual wheelchair, power wheelchair, walker, prosthesis, etc.) \_\_\_\_\_

Please list any allergies that we need to be aware of (food, latex, etc.) \_\_\_\_\_

In our attempt to ensure that everyone has a great time please tell us if you will require a helper \_\_\_\_\_.

Are you a veteran? \_\_\_\_ yes \_\_\_\_ no Is this the first time you have attended a Wheelin' Sportsmen event? \_\_\_\_ yes \_\_\_\_ no NWTF membership number and exp. Date \_\_\_\_\_

All participants must sign below (if under 18 or not own guardian - parent or legal guardian must also sign.) The applicant, by signing below, acknowledges this program involves some risk and he/she assumes responsibility for his/her actions and for any injury that may result from participation and also waives and releases all other participants, the host, sponsors, guides, landowners, volunteers, instructors, the National Wild Turkey Federation, officials, and/or other parties involved in the event from all claims and/or damage/injury incurred in connection with this event. In addition, participant grants the sponsors, co-sponsors, and the NWTF the unconditional right to use the name, voice, and photographic likeness of the person listed above, in regards to any of the publications and audio/video productions. In addition, participant grants the NWTF the right to send you email updates about Wheelin' Sportsmen and NWTF news, events and promotions.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Participant Print Name Date

\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent or Legal Guardian (if under 17 or not own guardian) Date

**Please send completed form and fee of \$135 payable to NWTF no later than October 28, 2019 to:**

**MICHAEL HOWIE**, NWTF, Wheelin Sportsmen Coordinator  
9205 E 2600 North Road, Potomac IL 61865 Ph# 217-799-2932