



Application must be returned by **March 15<sup>th</sup>**! All accommodations will be provided for the hunter and guest including meals, motel and licenses for the hunter. Due to the expense, if you need to cancel, please notify Carol Corey **NO LATER THEN APRIL 1<sup>st</sup>**. The number to call is 574-806-3310. You can visit us on our website at [www.turkeytracks.org](http://www.turkeytracks.org).

Please complete ALL blanks and answer all questions. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR THE HUNT.**

**WHAT HUNT ARE YOU APPLYING FOR? STARKE CO.  MICHIGAN  ANGOLA 17 AND UNDER ONLY**

**NAME OF HUNTER** \_\_\_\_\_

**PARENTS NAME** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**WHAT IS YOUR DIABILITY** \_\_\_\_\_

Are you willing to sign a waiver? YES / NO

Shirt Size? Youth or Adult S/ M/ L/ XL/ XXL/ XXXL

Do you need a motel room YES/ NO

Do you have or need equipment to hold your gun? YES/NO

Do you have hunting experience? YES/NO

Do you use a wheelchair? YES/NO motorized \_\_\_\_\_ or Manual \_\_\_\_\_

NOTES / Do you need special equipment?  
\_\_\_\_\_

**\*If you filled for an apprentice licenses for 3 hunting licenses, you must take a Hunters Safety Course and obtain a Hunter Safety Card before you will be able to hunt in Indiana.**

Please fill out the below information for your Hunting Licenses.

COMPLETE Hunter Address: STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HAVE YOU TAKEN HUNTER SAFETY COURSE YES / NO

HUNTER SAFETY COURSE NUMBER \_\_\_\_\_

HUNTER SSN# \_\_\_\_\_

COUNTY OF RES. \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

AGE \_\_\_\_\_

HAIR COLOR \_\_\_\_\_

EYE COLOR \_\_\_\_\_

HEIGHT \_\_\_\_\_

WEIGHT \_\_\_\_\_

If you have a lifetime license please submit your number here \_\_\_\_\_

*Turkey Tracks Hunt Eric Corey Foundation*  
0625 N. 700 E.  
Knox, IN. 46534  
574-806-3310



## WAIVER OF LIABILITY

**AMERICANS WITH DISABILITY ACT 1990**, Turkey Tracks Hunt Eric Corey Foundation prohibits discrimination against disabled people and guarantees equality of opportunity for people with disability as well as terminally ill for hunting adventures.

**WAIVER OF LIABILITY**, Turkey Tracks Hunt Eric Corey Foundation is a non-profit organization seeking to grant wishes for disabled and critical-ill individuals seeking to participate in a major hunting expedition. To that end, Turkey Tracks Hunt Eric Corey Foundation requires the execution of this comprehensive waiver as follows: The undersigned agree that he/she, along with his/her successors, heirs and assigns to hold harmless and forever indemnify Turkey Tracks Hunt Eric Corey Foundation, its Board of Directors, agents and collaborators from liability associated with any death or injury resulting from. Or in association with, or during the execution of the event as set forth and otherwise facilitated by Turkey Tracks Hunt Eric Corey Foundation. The undersigned also agree the he/she, along with his/her successors, heirs and assigns to hold harmless and forever indemnify of the person or persons offering the hunting expedition, namely the Donor, its agents and collaborators from any and all liability associated with any injuries sustained in association with, or during the execution of the event as set forth and otherwise facilitated by the Donor and Turkey Tracks Hunt Eric Corey Foundation. This instrument shall be applicable to any accident, injury, or event that accrues in 2015 or succeeding years. The undersigned personally accepts all liability and responsibility for the action of everyone hunting with him or her (including minors, friends, associates, guest, etc). This agreement also gives Turkey Tracks Hunt Eric Corey Foundation the legal right to use any pictures or video/audio recording taken for advertisement (which includes magazine, newspaper, website, brochures, television broadcasts, etc) with the purpose only being to help encourage others to participate in enjoying the great outdoors. (NOTE: Donor listed in the Waiver of Liability is the one donating the outdoor adventures).

**THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**, and further states that no oral representations, statement, or inducements apart from this agreement have been made.

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Parents Signature if you are a minor \_\_\_\_\_