

Douglas County Bow Fishing Challenge REGISTRATION FORM

Shooters Name: _____ Phone # _____

Age: _____ Drivers Lic. # _____ State: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Make of Boat: _____ Color: _____ Boat #: _____

Yr. of Vehicle: _____ Make: _____ Lic. Plate #: _____

I understand and realize that Bow Fishing is a hazardous and dangerous activity. I accept and assume all responsibility and possible consequences of such an activity. Although my bow and boats meet all safety requirements and has passed inspection, I assume responsibility for them and myself if either should fail to prevent injury or death. I am under no pressure or duress to engage in this activity. I enter into this event on my own free will. I, in no way hold the Douglas County Bow Fishing Challenge or any of its officers, directors, employees, volunteers, or representatives responsible for incidents or injuries to persons and/or property which may occur before, during, or as a result of, this event. This includes shooters and equipment.

Shooter's Signature (& parents if under 18) Date

Make Checks Payable to: Brandon Fin and Feathers- memo Douglas County Bow Fishing Challenge

Mail To: Brandon Fin and Feathers P.O. Box 12 Brandon 56315