

U.S.S.A.

United Special Sportsman Alliance

"A Outdoor Wish Granting Charitable organization for all ages"



2016 USSA YOUTH RECIPENT APPLICATION

Name _____

Date of Birth: ____/____/____ Age _____ Sex: Male Female

Parents/Guardians:

Mothers Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile: _____

Email if Applicable: _____

Fathers Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile: _____

Email if Applicable: _____

General Family Related Questions:

1) What type of outdoor wish does the Applicant want? _____

Deer/elk/hog/bear/duck/goose/pheasant/coon/fresh water fishing/saltwater fishing or any other outdoor sports related wish

2) Has the Applicant ever partaken in a FREE outdoor wish trip granted by anyone or any organization? Yes No

If so when _____ and since their disability or illness was diagnosed, how many wishes has the applicant attend _____.

3) Has the applicant have a hunting license _____ and or fishing license _____?

4) Has the applicant ever attended a hunter safety course? _____ if so, does he or she hold a certificate? _____ if so please attach a copy of the hunting safety certificate. (Note: firearm safety is an important part of a successful hunt.)

5) Does the applicant have a proper firearm for his/her particular wish, or will a suitable firearm need to be provided? _____

6) If the applicant chooses a fishing dream, does he or her have suitable tackle; or would tackle need to be provided? _____

7) Will the applicant need wheelchair accessibility? _____

8) Can you afford any incidentals out of pocket cost such as fuel and motel? _____
(We will try to keep all dream events within a 300 mile radius of Applicants' home. Our goal is to help keeps costs moderate and have funds available for more dream events.)

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9) Can you afford taxidermy _____ and or meat processing expenses? _____

NOTE: IF POSSIBLE PLEASE INCLUDE PICTURE(S) OF APPLICANT

***IMPORTANT:** After your wish has been granted, please remember to send a personal thank you (with picture if available) to your donor. A thank you is truly cherished by the generous people that help make these wishes come true.*

AMERICANS WITH DISABILITY ACT 1990, United Special Sportsman Alliance prohibits discrimination against disabled people and guarantees equality of opportunity for people with disability as well as life threatening illnesses for hunting, fishing and other outdoor adventures.

WAIVER OF LIABILITY United Special Sportsman Alliance is a non-profit organization seeking to grant wishes for disabled and critically-ill individuals seeking to participate in a major hunting or fishing expedition. To that end United Special Sportsman Alliance 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 of the United Special Sportsman Alliance Corporation, 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 United Special Sportsman Alliance. The undersigned also agree that he/she, along with his/her successors, heirs, and assigned to hold harmless and forever indemnify of the person or persons offering the hunt and or fishing trip, 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 "United Special Sportsman Alliance". This instrument shall be applicable to any accident, injury, or event that occurs in 2016 or succeeding years. The undersigned personally accepts all liability and responsibility for the actions of everyone hunting or fishing with him or her (including minors, friends, associates, guests, etc.) This agreement also gives United Special Sportsman Alliance the legal right to use any pictures or video/audio recording taken for the advertisement (which includes a magazine, newspaper, website, brochures, television broadcasts etc.) with our 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.)

PLEASE NOTE: *In the event that the recipient (he or her applying) is not able to attend a scheduled wish trip, please take the courtesy to notify us as soon as possible so we can select another recipient from the list to fill the opening. If we are not contacted or do not receive an applicable excuse for a last minute withdrawal, the recipient may no longer be eligible to remain on the wish granting list.*

Have Applicant's Physician attach a statement as to the sort of disability or life threatening illness of the applicant and his/her medically documented limitations. (Note: all information will be kept in strict confidence between USSA and those immediately involved in the event itself.)

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Illness of Applicant: _____
If it is a life threatening illness, what is the window of opportunity to participate in his/ her dream:

Is this individual aware of the life-threatening condition? Yes No

Physician's Name: _____
Office Address: _____
City: _____ State: _____ Zip Code: _____
Office Phone: _____
Email if Applicable: _____
Treatment Facility/Hospital: _____
Summary of your patient's physical limitations:

Special needs or accommodations: _____

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

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Signature _____

Signature of parent or guardian if recipient is under the age of 18 years

State of _____)

County of _____)

SUBSCRIBED and SWORN before me this _____ day of _____ 2015

_____ Exp. Date _____

NOTARY PUBLIC (Please make sure this application is signed before a notary public. You can find a notary public at most banks free of charge.)

Please fax, mail or email application to:

United Special Sportsman Alliance

N7864 Shotwell Lane • Pittsville, WI 54466 • (715) (884-2256) • Fax: (715) (884-7388)

Website: www.childswish.org Email: childswish@gmail.com

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