

U.S.S.A.

United Special Sportsman Alliance

An Outdoor Wish Granting Charitable organization for all.

2019 USSA-ADULT RECIPIENT APPLICATION



Last Name _____ First Name _____

Address: _____ City: _____

State: _____ Zip Code: _____

Date of Birth: ____/____/____ Primary Phone: (____) _____

Alternate Phone: (____) _____ Fax/Alt. Phone:(____) _____

Email: _____ Caretaker or Guardian: _____

(Note: Leave “caretaker and guardian” blank if does not apply)

Disability/Illness: _____

Special needs (i.e. wheelchair, braces, mobility issues, sensitivity to noise, diet etc.): _____

Hunter safety certified? _____ If so, please include a copy of your hunter safety certificate.
(Note: firearm safety is an important part of a successful hunt)

Have you ever partaken in a free fishing, hunting, or other event donated by another charity or person?
_____ If so, please list type of event(s), year it was granted, and if by another
nonprofit charity please list their name too: _____

Are you battling a life-threatening illness? _____ If so what is your window of opportunity to
participate? _____

General family related questions:

1. What type of hunting, fishing or other outdoor wish trip are you interested in attending?

a.) _____

b.) _____

c.) _____

(i.e. deer, bear, turkey, hog, elk, red stag, duck, goose, quail, pheasant, raccoon, fishing (fresh water, great lakes, deep sea) or other outdoor sports such as camping, horseback riding watersports (tubing, boating and jet skiing) etc.

2. Have you ever participated in hunting or fishing experience with a relative or friend? If so,
please describe what you did? _____

3. Do you have a current hunting licenses? _____ A fishing licenses? _____

4. Do you have a Wisconsin DNR Customer ID Number? _____

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5. Do you have a suitable firearm or will one need to be provided? _____

6. If applying for a fishing trip, do you have fishing rod? _____ Suitable tackle? _____
A life jacket? _____

7. Can you afford any incidental out of pocket costs such as fuel and motel? _____

(Note: we try to keep most dream events within 300-mile radius of your home to keep costs moderate and offer wishes to other applicants.)

8. Any additional information you share with us will help us better coordinate your guide. (For example are you introvert or extrovert) _____

If possible, please include a picture(s) of you!

Physician information and recommendations:

Please have your physician attach a letter of your disability or life threatening illness including your medically documented limitations. Or, your doctor can fill out the following questionnaire. Note: all information will be kept in strict confidence between USSA and those immediately involved in the event itself.

Physician Name: _____

Treatment Facility/ Hospital: _____

Address: _____

State: _____ Zip code: _____

Primary Phone: (_____) _____

Email: _____

Summary of your Patient's physical limitations: _____

Special Needs and Accommodations for your patient? _____

Physician signature: _____ Date: ____/____/____

Office Phone: (____) _____

* AMERICANS WITH DISABILITY ACT 1990, United Special Sportsmen Alliance, prohibits discrimination against disabled people and guarantees equality of opportunity for persons with disability as well as terminally ill for hunting and or fishing adventures.*

** WAIVER OF LIABILITY: United Special Sportsman Alliance (USSA) is a non-profit organization seeking to grant wishes for disabled and

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critically-ill individuals seeking to participate in hunting or fishing or other expedition. To that end USSA 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 USSA, 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 USSA. 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 USSA. This instrument shall apply to any accident, injury, or event that occurs in 2000 or succeeding years. The undersigned personally accepts all liability and responsibility for the actions of everyone hunting, fishing or other activity with him or her (including minors, friends, associates, guests, etc.) This agreement also gives USSA the legal right to use any pictures or video/audio recording taken for advertisement (which includes 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. HOLD HARMLESS & INDEMNIFICATION: Furthermore, we the participants are aware that all states have "State Recreational Use Statutes", which confer a substantial degree of liability protection to landowners who allow the general public to enter upon or make use of their land for recreational purposes at no charge to us the participants. We participants waive for our executors, administrators, assignees or heirs, any and all rights and claims for damages, losses, demands and any other actions whatsoever, which they, individually or "in solido", may have or which may arise against Land Possessor, and any of their heirs, employees, directors, officers or agents, including but not limited to any and all injuries, damages or illnesses suffered by Participant and/or Participant 's property, which may, in any way whatsoever, arise out of, be related to or be connected with free outdoor recreation, or in any way connected with his or her presence on the property of Land Possessor. We participants on behalf of ourselves and our executors, administrators, assignees or heirs, hereby expressly release Land Possessor and any of landowners heirs, employees, directors, officers or agents from any and all such claims. I have read the above waiver of liability and understand it and ALL its premises. I agree with all statements and am doing so without any influence as my personal decision:

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 Code _____

Phone:(_____) _____ Signature: _____

Signature is required from parent or guardian/caretaker if the applicant is not capable.

(Note: only one signature required above by recipient or caretaker/guardian)

PLEASE NOTE: If the recipient 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 not contacted or do not receive an applicable excuse for the last minute withdrawal, the recipient may no longer be eligible to remain on the wish-granting list.

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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