



PARTICIPANT APPLICATION FORM

RETREAT OR ACTIVITY

RETREAT LOCATION: ONEIDA LAKE, NEW YORK RETREAT DATE: _____

PARTICIPANTS NAME: _____

DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

PARENT/GUARDIAN: _____ PHONE: _____
(if under 18 years old)

EMERGENCY CONTACT: _____ PHONE: _____

OCCUPATION: _____

The organizations, officers, directors, employees, and persons served by this corporation shall be selected in a non-discriminatory manner with respect to age, sex, race, color, national origin, sexual orientation and political or religious opinion or affiliation.

PLEASE FILL OUT:

1. How/Where did you hear about *FISHING FOR A CURE...ONE CAST AT A TIME*

2. Where do/did you get your cancer treatment:

3. Please describe your experience with cancer:

(Date of Diagnosis, Type of Cancer, Treatment, Current Status)



PARTICIPANT APPLICATION FORM RETREAT OR ACTIVITY (Continued)

4. Do you have any physical restrictions and/or special needs?

5. Do you have any dietary restrictions and/or special needs?

6. Do you have any other medical conditions?
(Heart Disease/Stroke, High Blood Pressure, Diabetes, Seizures, Orthopedics, Etc.)

7. Please describe all allergies:
(Medications, Bees/Insects, Food, Environmental, Etc.)

8. Have you ever attended a support group or retreat/activity before? _____
If so, please describe:

9. Feel free to provide any additional information:

10. At times we receive donations from various companies/vendors/support members. Please complete the following so we may distribute items as available:

Shirt Size: _____ Shoe Size: _____ Hat/Glove Size: _____



PARTICIPANT WAIVER & RELEASE OF LIABILITY FORM AND MEDICAL AUTHORIZATION

PARTICIPANTS NAME: _____

DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____

PARENT/GUARDIAN: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

DESCRIPTION OF ACTIVITY: _____

I have read this form carefully, and am aware that by agreeing to this form and registering the participant/minor child/ward/charge and in consideration of FISHING FOR A CURE...ONE CAST AT A TIME allowing the above named to participate the activities listed with FISHING FOR A CURE...ONE CASE AT A TIME that I am WAIVING and RELEASING all claims for myself and my participant/minor child/ward/charge arising out of such registration and participation in the activities run by and use of facilities owned by FISHING FOR A CURE...ONE CAST AT A TIME. In further consideration for such use, I hereby agree as follows:

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK OF INJURY AND LOSS:

I understand and acknowledge that participation in these activities and use of facilities and grounds involve inherent risks of injury, including the potential for property loss, bodily injury, permanent disability, and death. I further acknowledge that participation in these activities and use of facilities and grounds owned by FISHING FOR A CURE...ONE CAST AT A TIME could result in injury, disability, or death unrelated to participant's direct actions.

I knowingly, freely, and voluntarily assume all such risks whether known or unknown, even if such risk is the result of the negligence of any the employees, owners, officers, directors, agents, servants, volunteers, representatives, supervisors, successors and assigns of FISHING FOR A CURE...ONE CAST AT A TIME. I further assume full responsibility for the participant's participation.

WAIVER OF AND RELEASE OF CLAIMS:

I hereby agree to, and do, waive, release and relinquish all claims, demands, rights of action, damages, liabilities and controversies of every kind, known and unknown, present and future, that I, or my participant/minor child/ward/charge on whose behalf I am signing may have against the FISHING FOR A CURE...ONE CAST AT A TIME and their employees, owners, officers, director, agents, servants, volunteers, representatives, supervisors, insurers, related or affiliated individuals or entities, successors and assigns arising out of, connected with, or in any way related to the participation in the activities run by and/or use of related facilities owned by FISHING FOR A CURE...ONE CAST AT A TIME or my participant's/minor child/ward/charge's use therein.



PARTICIPANT WAIVER & RELEASE OF LIABILITY FORM AND MEDICAL AUTHORIZATION (Continued)

INDEMNITY AND DEFENSE:

I hereby further agree to indemnify and hold harmless and defend FISHING FOR A CURE...ONE CAST AT A TIME and their employees, owners, officers, directors, agents, servants, volunteers, representatives, supervisors, insurers, related or affiliated individuals or entities, successors and assigns from any and all claims, lawsuits, demands, damages, liabilities, losses and expenses, including attorney's fees and administrative expenses, of every kind, known and unknown, present and future, arising out of, connected with, or in any way related to my or my participant/minor child/ward/charge's participation in the activities run by and/or use of related facilities owned by FISHING FOR A CURE...ONE CAST AT A TIME.

EMERGENCY CARE MEDICAL AUTHORIZATION / INDEMNIFICATION:

In the event of an accident, medical emergency or illness, in which I cannot be contacted immediately, I authorize FISHING FOR A CURE...ONE CAST AT A TIME and their employees, owners, officers, directors, agents, servants, volunteers, representatives, supervisors, successors and assigns to secure, from any licensed hospital, physician and/or other medical/dental personnel, and any and all treatment deemed reasonable and necessary for me or my participant/minor child, ward, charge's immediate case and agree that FISHING FOR A CURE...ONE CAST AT A TIME assumes no financial obligation or liability. I will be responsible for payment for any and all such treatment rendered. Please have your signature witnessed by an adult different from the person you are making responsible for your child/ward/charge.

I certify that I am the parent/legal guardian/power of attorney or have the legal authority to sign on behalf of any minor/ward/charge being registered herein. I am authorized to enter into this agreement and that I do so freely and voluntarily for myself, my heirs, personal representatives and their successors and assigns, and/or my participant/minor child/ward/charge identified in the registration portion of this document and his/her heirs, personal representatives and their successors and assigns.

I have read and fully understand the above Waiver and Release of Liability Form and Medical Authorization and execute it of my own free will and without any reservation whatsoever.

I acknowledge that by accepting the terms of this Waiver and Release of Liability Form and Medical Authorization that I am entering a legally binding and enforceable agreement.

Participant/Parent/Legal Guardian Name: _____

Participant/Parent/Legal Guardian Signature: _____

Address: _____ Phone: _____

Witness: _____ Date: _____



PARTICIPANT MEDICAL RELEASE FORM

Dear Physician,

The patient named below has applied to attend a day retreat conducted by *FISHING FOR A CURE ... ONE CAST AT A TIME*, that provides free fishing retreats for those living with cancer. Those with any form of life-threatening cancer, in treatment of recovery, are eligible for the retreat if physically able. The event will include instruction and physical exercise which could include casting, standing for extended periods of time, and fishing a stream, beside a pond/lake, or on a boat. At least one member of our volunteer staff is trained in First Aid/CPR/AED use. The participants are encouraged to participate at their own pace and activity level, with rest periods available whenever needed. All meals, snacks and beverages are provided by *FISHING FOR A CURE ... ONE CAST AT A TIME* and dietary restrictions are considered as much as possible.

PLEASE FILL OUT, SIGN AND RETURN THIS FORM using the information listed below. If you have any questions, please call 315-440-4324. Thank you.

PARTICIPANTS NAME: _____

LOCATION OF RETREAT: _____

DATE OF BIRTH: _____ AGE: _____

HEIGHT and WEIGHT: _____ pounds _____ feet/inches

MEDICATIONS: _____

ALLERGIES: _____

PHYSICAL RESTRICTIONS:
OR SPECIAL NEEDS _____



PARTICIPANT MEDICAL RELEASE FORM (Continued)

OTHER MEDICAL:
CONDITIONS

I believe the above-names patient is a reasonable candidate to participate in a FISHING FOR A CURE ... ONE CAST AT A TIME retreat.

Physicians Signature: _____ Date: _____

Print Name and Title: _____ Phone: _____

Name of Clinic/Practice: _____

Address Clinic/Practice: _____

Please Return Form To: **MAILING ADDRESS:** 100 South Berkey Drive, Chittenango NY 13037
EMAIL ADDRESS: cny.jenners@gmail.com