



Veterans Sportsman Alliance

Registered as a 501(c)(3) Corporation

Benefiting The Most Worthy Among Us

Disabled or Wounded Veteran APPLICATION

Please send this application, release of liability and a copy of your DD214 to:

Veterans Sportsman Alliance
3900 N Stockton Hill Road, Ste. 335B
Kingman, AZ 86409

or email all forms to:

smartin@veteranssportsmanalliance.org

Hunter Information:

Name: _____ D.O.B. ____ \ ____ \ ____ Age ____
Address: _____ City _____ State _____ Zip _____
Home Phone ____ - ____ - ____ Cell Phone ____ - ____ - ____ Email _____
Social Security Number ____ - ____ - ____ Sex: Male ____ Female ____
Height ____ Weight ____ Eyes ____ Hair ____

Emergency Contact Information:

Name: _____	Name: _____
Address: _____	Address: _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone ____ - ____ - ____	Home Phone ____ - ____ - ____
Cell Phone ____ - ____ - ____	Cell Phone ____ - ____ - ____
Email _____	Email _____

A VETERAN OF THE ARMED FORCES OF THE UNITED STATES WHO HAS A SERVICE CONNECTED DISABILITY. For the purposes of this paragraph: (i) "Disability" means a permanent physical impairment that substantially limits one or more major life activities requiring the assistance of another person or a mechanical device for physical mobility.

We need a detailed description of the **Qualifying** injury and when it occurred. (Note: This information will be used to verify all applicants) The DD214 only gives a percentage of the disability and not a description.

Please attach another page if needed.

Summary of Physical Limitations:

Special Needs or Accommodations:

Please select your Outdoor Experience you wish to participate in: Hunting___Fishing___ Please number in the order you prefer from the following for hunting, number from 1 to 10, with 1 being your first choice and 10 your last choice. Arizona offers the following species known as the Big Ten.

- Antelope ___, Whitetail Deer ___, Mule Deer ___, Javelina ___, Bighorn Sheep ___, Buffalo ___, Elk ___, Bear ___, Turkey ___, Mountain Lion ___.

Due to past experiences it is important that we know any limitations that the applicant has: Example: can the applicant walk if yes how far before they need rest. If the applicant is in a wheel chair is it a motorized or must it be pushed by someone else. Does the motorized chair need to be charged? Does the applicant need oxygen tanks? Please be as detailed as possible so that we have the ability to provide the best experience as possible.

Please attach another page if needed.

Tag Transfers:

Under Arizona Revised Statutes and Arizona Game and Fish Commission Rules there are ways people can transfer big game tags to children and as of July 24, 2014 tags can be transferred to Disabled Veterans.

THE COMMISSION MAY PRESCRIBE THE MANNER AND CONDITIONS OF TRANSFERRING AND USING PERMITS AND TAGS UNDER THIS PARAGRAPH, INCLUDING AN APPLICATION PROCESS FOR A QUALIFIED ORGANIZATION, TO ALLOW a person **TO** transfer the person's big game permit or tag to a qualified organization for use by:

(a) A minor child who has a life-threatening medical condition or by a minor child who has a permanent physical disability. If a physically disabled child is under fourteen years of age, the child must satisfactorily complete the Arizona hunter education course or another comparable hunter education course that is approved by the director.

(b) **A VETERAN OF THE ARMED FORCES OF THE UNITED STATES WHO HAS A SERVICE CONNECTED DISABILITY.** For the purposes of this paragraph:

(i) "Disability" means a permanent physical impairment that substantially limits one or more major life activities requiring the assistance of another person or a mechanical device for physical mobility.

(ii) "Qualified organization" means a nonprofit organization that is qualified under section 501(c)(3) of the United States internal revenue code and that affords opportunities and experiences to children with life threatening medical conditions or with physical disabilities **OR TO VETERANS WITH SERVICE-CONNECTED DISABILITIES.**

Consult A.R.S. 17-332 for more information. The applicant has a valid hunting or combination license on the date of transfer.

Physically Challenged Hunters:

Those hunters who are physically challenged may qualify for a Challenged Hunter Access/Mobility Permit (CHAMP). Consult R12-4-217 for a description of this permit. Application will be provided upon request.



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Medical Questionnaire

The following information will help VSA provide the most enjoyable and safest hunt possible.

Disability or condition: _____

Please check all that the hunter uses or has:

Other - Please explain

_____ Crutches

_____ Wheelchair

_____ Motorized wheelchair

_____ Oxygen

_____ Tracheotomy

_____ Colostomy or urostomy

_____ Indwelling intravenous catheter

_____ CPAP or BiPAP machine

Is the hunter currently undergoing chemotherapy? _____

Please list medications: _____

Please list allergies: _____

Does the hunter have any dietary restrictions or special needs? _____

**RELEASE OF LIABILITY AGREEMENT
READ CAREFULLY - THIS AFFECTS LEGAL RIGHTS**

In exchange for my participation in outdoor sport activities, experiences and transportation on public roads to and from an activity [hereafter activity or activities] organized and offered to veterans, active military personnel and others by Veterans Sportsman Alliance, Inc. including its officers, agents, representatives, activity coordinators, employees, volunteers or any other organization associated with any activity, [hereafter referred to collectively as "VSA"], **I agree for myself and for my minor child** [hereafter the terms "I, me or myself refer to both me and my child] as follows:

1. I understand that I do not have to sign this Release and that participation in this voluntary activity is offered free of charge to me.

2. I voluntarily agree to participate under these terms and conditions.

3. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral safety instructions or directions given by representatives of VSA for my safety and the safety of others. I will observe all gun safety rules at all times, will not hold or place a firearm in a position where it can strike an unintended target, such as me or another participant. I know that all guns are loaded until I personally unload, clear and empty the chamber and magazine and dry fire once.

4. While participating in this voluntary activity I expect to undertake a variety of physical and mental challenges including but not limited to, by way of example only, hiking on and off trails across forests and fields, back-road travel on mountainous dirt roads and open terrain, duck hunting from boats, skiffs, blinds and shore, open field hunting with shotguns and high powered rifles [with both experienced and rookie hunters], fishing in lakes, rivers and ocean from shore and boats, driving and riding in racing cars at high speed, skiing, dune bugging, snowmobiling, motorcycling, horseback and mule riding and over-night camping using various equipment, properties and facilities.

5. I agree that I will not participate in any activity for which I am not physically and mentally suited. While not strenuous, the activity has been fully explained to my satisfaction, it involves a moderate level of physical exertion and mental and physical stress which I can handle. I will not undertake, participate or join any strenuous activity that I cannot do or should not do. I will stop and rest at any time and if I do not feel well I will immediately report so to everyone in my activity.

6. I understand this activity involves inherent risks that could result in injury, death or property damage and can be dangerous even when everyone is doing their best to be safe. In consideration of the benefits to be derived and after carefully considering that there are such risks, I voluntarily agree as follows:

- I waive all claims of legal liability and damages against VSA for personal injury, death or property damage I may suffer whether caused by the negligence or misconduct of VSA, others or me.

INITIALS_____

- I accept full personal financial responsibility for any medical bills, personal injury, death or property damage that I may suffer whether caused by the negligence or misconduct of VSA, others or me.

INITIALS_____

- I forever release and discharge VSA for any personal injury, death or property damage that I may suffer whether caused by the negligence or misconduct of VSA, others or me.

INITIALS_____

7. I agree to indemnify, defend and hold harmless VSA against any and all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my participation in this activity and I agree to pay for all damage to the property or facilities of VSA caused by my accidental, negligent, reckless, or willful action.

INITIALS_____

8. I am under no pressure to sign this Release and I do so voluntarily. I have been given a reasonable opportunity to review it before signing and that understand this Release is binding on me and my heirs. I have been encouraged to have my own lawyer read and advise me.

9. The terms of this Release are the product of an arms' length negotiation between the Parties and I understand all the words. If an ambiguity is claimed in interpreting this Release I reject any rule of legal interpretation which would lead to this Release being construed against VSA as the drafter of such term or provision.

10. If any provision of this Release is found to be invalid or unenforceable, whether standing alone or as applied to a particular occurrence or circumstance, that shall not affect the validity or enforceability of any other provision or of any other applications of such provision. Any such invalid or unenforceable provision shall be deemed not to be a part of this Agreement.

11. Any legal or equitable claim, controversy or disagreement that may arise or relate to this Release of Liability shall be resolved under California law by arbitration pursuant to the rules of the American Arbitration Association and any decision by the arbitrator(s) may be entered as a judgment in the Superior Court. If there is a beef that we cannot talk out, nobody will file a lawsuit in Superior Court and instead the issue will go to arbitration for a final decision and that there will be no appeal.

12. In case of an emergency involving my child, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by VSA to secure proper treatment, including hospitalization, anesthesia, surgery, transfusions or injections of medication for my child.

**I AM NOT UNDER THE INFLUENCE OF ANY MIND ALTERING MEDICATION,
ALCOHOL OR CHEMICAL SUBSTANCE.**

I HAVE READ THIS RELEASE AND UNDERSTAND IT.

I VOLUNTARILY SURRENDER LEGAL RIGHTS BY SIGNING THIS RELEASE.

I HAVE RECEIVED A COPY OF THIS RELEASE.

**I AM THE PARENT WITH THE RIGHT OF LEGAL CUSTODY OR THE LEGAL
GUARDIAN OF THE CHILD ACCOMPANYING ME.**

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone _____ - _____ - _____

D.O.B. ____ \ ____ \ ____ Social Security Number _____ - _____ - _____

My Child's Name: _____

Signature _____

In Case of Emergency:

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone _____ - _____ - _____

Please send this application, release of liability and a copy of your DD214 to:

Sheila Martin
Veterans Sportsman Alliance
3900 N Stockton Hill Road, Ste. B335
Kingman, AZ 86409

or email all forms to:

smartin@veteranssportsmanalliance.org