

Hunt of A Lifetime Youth Referral ApplicationPlease enclose a picture for our files. Thank you.

THE DREAMS COME IN	Applicant Information
Legal/Full Name:	D.O.B.:
Age:Sex: M F Wheelchair I	Bound: Y N PowerManual LeftHanded or RightHanded
Illness:	Is this a RUSH Dream: Yes / No
Parents/Guardian Information Legal n	ames as they appear on your Driver's License or Passport.
Fathers Name:	Mothers Name:
Address:	Address:
City:State:Zip:	City:State:Zip:
Phone:	Phone:
	E-Mail:
	Social Security#
	ndition?
	Medical Physicians Information
Address:	
	City:State:Zip:
Treatment Facility/Hospital:	Fax:
Summary of Physical limitations:	
Special Needs or Accommodations:	
	TACH a statement stating this is a Life - Threatening Complications/Disability the applicant has. Thank you.
initiood/bloadinty a type of initiood	Dream Information
What type of Dream does the youth want?	Hunting: Fishing:
Please go to page 6 number you choices acco	rding to 1 / 2 / 3. 1 being top choice/Dream.
Has the youth ever hunted before?	State State
Have they ever had a hunter safety course?	Please attach a copy of theIf so, when:certificate.
Have you ever participated in any other Hunting	g program such as this?If yes, please explain:
How did you hear about the Hunt of A Lifetime	
I certify the abo	ove is true to the best of my knowledge
Signature: (X)	Date:



WAIVER of LIABILITY

20

HUNT OF A LIFETIME is a non-profit organization seeking to grant the **DREAMS** of **CHILDREN (21 & Under)** with life-threatening illnesses seeking to participate in a major hunting or fishing expedition. To that end **HUNT OF A LIFETIME** requires the execution of this comprehensive waiver as follows:

Entry or Release of all claim:

by the signatories as set forth below:

In consideration of my acceptance or entry in the "HUNT OF A LIFETIME" Foundation, Inc. **DREAM OR EVENT**, I release "HUNT OF A LIVETIME" Foundation, Inc. and all volunteers who are connected with this **DREAM OR EVENT**, from any liability or claims of injury to body or property or illness that I sustain during my participation in the **DREAM OR EVENT**, I understand that this applies to myself, my personal helpers/traveling companions, heirs and assigns. I represent that I am capable of participation and acknowledge that this release is being relied upon by the above named organization in permitting me to participate. I also grant full permission to any and all foregoing to use any photographs, recordings, or any other records of this **DREAM OR EVENT** for any legitimate purpose. agree that my successors, heirs, and assigns to hold harmless and forever indemnify the "HUNT OF A LIFETIME" Foundation, Inc., its Board of Directors, Agents/Outfitters/Charter Boat Captains, and collaborators from any and all liability associated with any injuries sustained in association with, or during the execution of the **DREAM OR** EVENT as set forth and otherwise facilitated by the "HUNT OF A LIFETIME" Foundation, Inc. agree that my successors, heirs, and assigns to hold harmless and forever indemnify the "HUNT OF A LIFETIME" Foundation, Inc., its Board of Directors, Agents/Outfitters/Charter Boat Captains, and collaborators from any and all liability associated with any death resulting from, or in association with, or during the execution of the DREAM OR EVENT as set forth and otherwise facilitated by the "HUNT OF A LIFETIME" Foundation, Inc. (X) This understanding is hereby executed on this _____ day of _____, 20__ and evidence

(X)	HUNT OF A LIFETIME PARTICIPANT (if over 18 years old) or Parent/Guardian	(X) Signed before me on thisday of_
(X)	Notes Public (Must have)	seal:



Hunt Of A Lifetime thanks you for your cooperation.

Acceptance of Terms/Conditions:

- 150 (150)	and understand what is required by us as parate in Hunt Of A Lifetime (HOAL).	
	ated RECEIPTS must be submitted to HOALLOWED A ONE-TIME ALLOWANCE OF	
initial		
	an and will be taken if ALL RECEIPTS and returned within the time limit/30 DAYS.	d UNUSED funds
responsibility of HOAL, without gettin Harborcreek Pennsylvania. This include	g express permission from organization heades, but is not limited to equipment purchased, taxidermy work, passport fees, etc. If you	adquarters based in es, change fees for
Signed	Parents Social Security #	
on behalf of minor child	Parents Social Security #(child name)	
Signed and sworn before me on	(date)	
Notary		
	(coal)	



Hunt of A Lifetime Foundation, Inc. AUTHORIZATION FORM

I have granted HUNT OF A LIFETIIME FOUNDATION, INC. A NONPROFTIT ORGANIZATION, that grants Hunting and Fishing Dreams, Permission to contact my Child's attending Physician regarding the health status of my child and hereby grant permission for the physician to release the requested information to HUNT OF A LIFETIME FOUNDATION, INC. The information needed will be submitted on letterhead, showing the Physician's License Number & Stating the youth's Name, condition & that it is considered a life-threatening illness.

(X)		
Parent or Guardian	1.0	
	Date	
his/her image in connection wi	thorize Hunt of A Lifetime Found th the program and agree that th omotional Material, Social Media	ese may be used on Hunt of A
Yes ☐ NO □	·	ε ₁
(X)		
Parent or Guardian		
	Date	
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KEEP THIS PAPERWORK FOR YOUR RECORDS & REFERRAL

Dear Parents & Youth, Welcome your youth has been accepted, YOU MUST read all the enclosed papers. And contact me when you receive this package, so I can get you about items 1-5 in the next paragraph. DO NOT CALL BEFORE DOING ANY OF THESE, YOU WILL PAY, WE WILL NOT REIMBURSE. CALL BEFORE YOU DO ANYTHING. The following is provided for the **YOUTH ONLY**:

- 1. Hunt &/or Fishing DREAM (Not the parent/companion for hunting) Call me when you get dates.
- 2. Rifle or Shotgun (if hunting is chosen). If you want Archery/Bow please let us know of choice.
- 3. Taxidermy, for **one** animal-shoulder mount ONLY or fish replica, if they achieve a harvest. **Set up by Hunt** of A Lifetime Foundation Inc. If Fish, you must get measurements & species to your Taxidermist assigned.
- 5. Processing and Shipping of the youth's game, where possible: To be paid for out of expense money as second, third luggage on your Airplane home. If not ready in time, call me: 814-572-4387, And we will pay for Processor to ship it. **NO SPECIALTY CUTS ALLOWED**.

FOR YOUTH & ONE COMPANION (Companion must be 25 yrs old & up and have a valid Driver's License):

- 1. An appropriate expense check (or wire transfer) will be provided approximately two weeks prior to travel for Travel Expenses. Unless you forget to call me as noted. (Note: We do NOT pay for permanent cameras, digital cameras, camcorders, or any electronics.) If you are in doubt regarding a purchase, please check with HOAL contact Tina Pattison at 814-572-4387 before purchasing, or you will have to pay for it. Traveling Companion does not get to Hunt from Hunt of A Lifetime Foundation Inc..
- 2. EXPENSE CHECK/WIRE: Airfare/necessities, car rental, hotels, transfers, meals, film/CD developing, Video/DVD duplicating, etc. and any other approved expenses incurred for the purpose of helping their dream becoming a reality, again, AFTER checking with Tina. (Note: We do NOT pay for electronics, alcohol or tobacco, MEAT Freezers) Youth is permitted to purchase souvenir(s) to exceed NO more than \$25 total.
- 3. All travel arrangements regarding air travel, rental cars and hotels are handled by our HOAL Travel Agent, Victoria Reynolds (814) 323-7806. Do not expect to be contacted regarding travel arrangements until approximately 2 to 4 weeks prior to travel. Contact info FYI is Victoria Reynolds & Harriet Langer Lake Erie Travel Company (814) 323-7806 lakeerietravel@gmail.com. She accepts calls 7 days a week. Please do not make travel arrangements on your own unless directed to do so by HOAL/Tina Pattison, You will not be reimbursed, as we have our own accounts with several suppliers. Names of travelers must be provided as copy/scan/email/text message i.e. photo drivers license or other government issued photo ID/Passport that you will use at the airport. This ID is required for anyone 16 and over. Canada requires a current passport if arriving by air. If arriving by land (driving) an original state issued birth certificate with raised seal, accompanied by photo ID is acceptable. If in doubt, check with Victoria Reynolds & Harriet Langer Lake Erie Travel Company (814) 323-7806 lakeerietravel@gmail.com.

IF additional companions would like to participate, they may do so at **their own expense**; however **ONLY** after securing permission and paying additional cost (if any) to the outfitter BEFORE travel dates. ALL tickets will be set up by our agent, Air travel for any additional companions must be paid to HOAL when the Travel agent sets up everyone's tickets.

CAR RENTAL companies require a valid driver's license and a **major credit card.** We put on our account when possible, Even if you will be paying for the car out of the funds provided by HOAL prior to travel, a credit card is still required and must match the driver's name.

Hotels are pre-reserved and guaranteed for late arrival. However, they may not be prepaid. Again, these accommodations are paid for out of the HOAL funds provided prior to travel, and ALL receipts are required. Please ASK if you are unclear about anything. Thank you!

Tina Pattison, President & Founder



Hunt of A Lifetime Foundation, Inc.

Page 6 Number from 1 -most important choice to 3 -ln case we can't do 1 or 2

Exotics/ i ype	•								
Elk	Red S	Stag Mo	ose	_ Alli	gator	Whitetai	l	_ MuleDeer	
Coues Deer		_ Black Bear		Boar		Turkey		Coyote	
Wolf	F	ox	Bird		Pronghor	n/Antelope		Javelina	
Bobcats	(Caribou	Racoon		Mou	ntain Lions		Sheep	
		Biso	n/Buffalo _		Cape Bu	ffalo			
Other/Type									
Fish/Type	1			2			3		

Tina Pattison-President & Founder 2227 Eastern Ave., Erie PA 16510

Must be Returned