



Hunt of A Lifetime Youth Referral Application

Please enclose a picture for our files. Thank you.

Applicant Information

Legal/Full Name: _____ D.O.B.: _____

Age: _____ Sex: M F Wheelchair Bound: Y N Power Manual Left Handed or Right Handed

Illness: _____ Is this a RUSH Dream: Yes / No

Parents/Guardian Information Legal names 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: _____ E-Mail: _____

Social Security # _____ - _____ - _____ Social Security # _____ - _____ - _____

Is this Individual aware of the life-threatening condition? _____

Medical Physicians Information

Full Name: _____

Address: _____

Office Telephone: _____ City: _____ State: _____ Zip: _____

Treatment Facility/Hospital: _____ Fax: _____

Summary of Physical limitations: _____

Special Needs or Accommodations: _____

NOTE: Physicians (MUST) ATTACH a statement stating this is a Life - Threatening Illness/Disability & type of Illness/Complications/Disability the applicant has. Thank you.

Dream Information

What type of Dream does the youth want? Hunting: _____ Fishing: _____

Please go to page 5 number you choices according to 1 / 2 / 3. 1 being top choice/Dream.

Has the youth ever hunted before? _____ Do they presently have a license to Hunt _____ State _____

Have they ever had a hunter safety course? _____ If so, when: _____ Please attach a copy of the certificate.

Have you ever participated in any other Hunting program such as this? _____ If yes, please explain: _____

How did you hear about the Hunt of A Lifetime _____

I certify the above is true to the best of my knowledge

Signature: (X) _____ Date: _____

**ONLY SEND TO Hunt of a Lifetime 6297 Buffalo Rd, Harborcreek, PA 16421
PLEASE DO NOT HAND TO ANY ONE OTHER THEN MEDICAL PERSONNEL**



WAIVER of LIABILITY

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:

In consideration of my acceptance or entry in the **"HUNT OF A LIFETIME" Foundation, Inc. DREAM OR EVENT**, I release **"HUNT OF A LIFETIME" 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.

I, _____ 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.**

I, _____ 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 by the signatories as set forth below:

(X) _____ (X) Signed before me on this ___day of ___ 20___
HUNT OF A LIFETIME PARTICIPANT
(if over 18 years old) or Parent/Guardian

(X) _____ seal:
Notary Public (Must have)



Hunt Of A Lifetime thanks you for your cooperation.

Acceptance of Terms/Conditions:

I/We hereby certify that we have read and understand what is required by us as parents/guardians of our youth; in order that he/she may participate in Hunt Of A Lifetime (HOAL). _____ initial

It is understood and agreed that trip related RECEIPTS must be submitted to HOAL within 30 days of our return. THAT THE YOUTH IS ALLOWED A ONE-TIME ALLOWANCE OF \$25 FOR A SOUVENIR.

_____ initial

I/We understand that LEGAL action can and will be taken if ALL RECEIPTS and UNUSED funds totaling the amount given to us are not returned within the time limit/30 DAYS.

_____ initial

I/We acknowledge that I/we have **no authority to make purchases or arrangements** that will be the responsibility of HOAL, without getting express permission from organization headquarters based in Harborcreek Pennsylvania. This includes, *but is not limited to* equipment purchases, change fees for travel arrangements, hotels or Car rental, taxidermy work, passport fees, etc. If you are in doubt, ASK Call Tina 814-572-4387.

_____ initial

Signed _____ Parents Social Security # _____
on behalf of minor child _____ (child name)

Signed and sworn before me on _____ (date)

Notary _____

(seal)



Hunt of A Lifetime Foundation, Inc.
AUTHORIZATION FORM

I have granted HUNT OF A LIFETIME FOUNDATION, INC. A NONPROFIT 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

Date _____

Videotaping/Photography: I authorize Hunt of A Lifetime Foundation Inc. to record and edit his/her image in connection with the program and agree that these may be used on Hunt of A Lifetime Foundation Inc. for Promotional Material, Social Media, Website, Youtube, Others.

Yes | NO

(X)

Parent or Guardian

Date _____



Hunt of A Lifetime Foundation, Inc.

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

Exotics/Type _____

Elk _____ Red Stag _____ Moose _____ Alligator _____ Whitetail _____ MuleDeer _____

Coues Deer _____ Black Bear _____ Boar _____ Turkey _____ Coyote _____

Wolf _____ Fox _____ Bird _____ Pronghorn/Antelope _____ Javelina _____

Bobcats _____ Caribou _____ Racoon _____ Mountain Lions _____ Sheep _____

Bison/Buffalo _____ Cape Buffalo _____

Other/Type _____

Fish/Type 1 2 3

Tina Pattison-President & Founder
6297 Buffalo Rd. Harborcreek, PA 16421
 Must be Returned

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 the minute you hear from the Outfitter/Boat captian, so I can get you about 1-5 in next paragraph. **IF YOU 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. Clothing, Call me, I will need an active e-mail address 814-572-4387 & **then I will order a \$600 gift card.**
4. 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 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 or get any clothing allowance 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) not 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, JoBeth Corsi. Do not expect to be contacted regarding travel arrangements until approximately 2 to 4 weeks prior to travel. Contact info FYI is JoBeth Corsi, CTA, Corsi Travel Services affiliated with Travel Experts, Inc., jobethcorsi@travelxperts.com or 919-457-0972 Business or 919-559-8660 cell. 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 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 TJoBeth Corsi, CTA, Corsi Travel Services affiliated with Travel Experts, Inc., jobethcorsi@travelxperts.com or 919-457-0972 Business or 919-559-8660 Cell.

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

Cell Phone: 814-572-4387

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