



FAO – HOMETOWN HERO DOVE HUNT

September 1, 2024

FAO OUTFITTER: Bear Bronaugh (940) 447-1416, Bob Treat (972) 804-3692, Trae carter (940) 781-3743

PLEASE READ PAPERWORK AND DETAILS CAREFULLY AND KEEP A COPY FOR YOUR RECORDS.

IF YOU NEED MORE INFORMATION, PLEASE CONTACT **Bear Bronaugh @ 940-447-1416**

VERY IMPORTANT: ALL PARTICIPANTS MUST SUBMIT COMPLETED PAPERWORK IN FULL PRIOR TO DEPARTURE FOR TRIP, NO EXCEPTIONS.

- **COST:** THIS IS A NO COST EVENT
- **LODGING:** THERE WILL BE NO LODGING AS THIS IS NOT AN OVERNIGHT EVENT.
- **MEALS –** FAO WILL PROVIDE WELL BALANCED MEALS FOR LUNCH AND DINNER DURING THE OUTING. IF YOU HAVE FOOD ALLERGIES, PLEASE LET US KNOW PRIOR TO EVENT.
- **PLEASE REVIEW THE WEATHER CHANNEL FOR LOCAL UPDATES CONCERNING WICHITA FALLS, TX. FOR THE WEEKEND OF THE WEEK.**
- **PLEASE REVIEW THE EMAIL AND INFORMATION CAREFULLY, ACQUIRING THE ITEMS NEEDED FOR THE OUTING. NOTE:** ALL ITEMS CAN BE BORROWED EXCEPT FOR TEXAS HUNTING LICENSE.
- **AS THIS IS A WILDERNESS OUTING, ALL DETAILS ARE SUBJECT TO CHANGE OR BE REVISED WITH LITTLE NOTICE.**
- **IF THERE IS A FAMILY EMERGENCY, AND YOU NEED TO REACH A YOUTH PARTICIPANT OR VOLUNTEER, PLEASE CONTACT Marissa Bronaugh at (940) 447-1416 or Jennifer Treat at (972) 977-6509.**

DOVE HUNT PACKING LIST

- TEXAS HUNTING LICENSE WITH Migrating Game Bird Stamp Endorsement
- FIREARM AND PREFERRED AMMO
- SUNSCREEN
- BUG SPRAY
- WATER SOURCE
- CAMPING CHAIR
- COOLER TO TRANSPORT MEAT
- SHOOTING GLASSES/SUN GLASSES
- HEARING PROTECTION
- CASH FOR TIPPING GUIDE (NOT REQUIRED BUT APPRECIATED)



EVENT APPLICATION

EVENT NAME: _____
DATE OF TRIP: _____
DESTINATION: _____

Participant Information:

Full Name: _____
Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail address: _____
Best Phone Contact: (____) _____
Secondary Phone: (____) _____
Emergency Contact: (____) _____
Hunting/Fishing License: YES _____ NO _____
Hunting/Fishing Experience: YES _____ NO _____ If yes explain: _____

Military Service: YES _____ NO _____
Law Enforcement Service: YES _____ NO _____
Fire Rescue Service: YES _____ NO _____
Medical Professional Service: YES _____ NO _____
Educational Services: YES _____ NO _____

Occupation: _____ Years at Occupation: _____
Rank/Title: _____
Years of Service: _____
Awards & Decorations: _____
DD214: YES _____ NO _____
Does Participant know how to swim? YES _____ NO _____
Does Participant know how to handle firearms? YES _____ NO _____

Deposit Information _____ Initials

IF a deposit or payment is required with the Event Application, those funds will apply towards food, fuel, gear and insurance for the outing. Refunds for cancellations will be considered based on the reason of availability, and if the acquired spot can be filled by another participant. Again please let me know if you have paid a deposit.

FAO Loaned Gear Policy _____ Initials

Participants that neglect or abuse any FAO gear will be required to clean, repair or replace the item that was loaned to them.

Dismissal / Withdrawal Information _____ Initials

The FAO event leaders reserve the right to dismiss any participant whose influence and conduct become in any way unsafe or detrimental to the best interests of FAO leaders or participants on the event. **FULL ARMOR OUTFITTERS WILL MAKE NO REFUNDS FOR PARTICIPANTS DISMISSED FOR DISCIPLINARY REASONS.**

Photographs and videos _____ Initials

FAO reserves the right to take photos and videos during the outing for use in promotional materials, and reserves the right to copy, publish, reproduce and distribute these images exclusively for the use of the organization per its non-profit mission. ANY PICTURE TAKEN BY A PARTICIPANT OR VOLUNTEER MUST BE APPROVED BY A FAO REPRESENTATIVE AND MAY BE TERMINATED BASED ON THE CONTENT.

I approved this application and all conditions stated, and hereby certify that my child is of good moral character.

Signature of Parent or Guardian

Date _____

Signature of Youth Participant

Date _____

FAO PARTICIPANT MEDICAL RESLEASE AND INDEMNITY FORM

THIS FORM MUST BE SIGNED & COMPLETED, PRIOR TO PARTICIPATING ON THE OUTING OR TRIP DESCRIBED, OR THE YOUTH APPLICANT WILL NOT BE ALLOWED TO PARTICIPATE.

Please type or print all the requested information.

NAME OF PARTICIPANT: _____

Permission for Emergency Medical, Surgical Procedure and Medication

In the event that we cannot be reached in time, any emergency surgical procedure or the administration of special medication can be performed at the direction of: **Bear Bronaugh, Bob Treat, and Trae Carter**

Health Insurance Provider: _____
Group #: _____ Doctor: _____
Policy #: _____ Dr. Phone #: _____

Daily Medication to be administered.

Please list any special medications that you will be carrying, or which would be preferred in case of illness. USE BACK IF NECESSARY (check here__ if you are putting information on the back):

Name: _____	Dose: _____	Times: _____	For: _____
Name: _____	Dose: _____	Times: _____	For: _____
Name: _____	Dose: _____	Times: _____	For: _____
Name: _____	Dose: _____	Times: _____	For: _____

Does participant have a history of PTSD?: Yes No (Circle One)

Does participant wish to disclose situations or triggers that may cause a PTSD flare up?: Yes No (Circle One)

Please explain so that our staff can help assist if PTSD flare up happens:

Does Participant have a severe allergy / allergies? Yes No (Circle One)

Type (Food, Insect): _____ Med. Required _____

Adverse Medication

Please list any medication that should not be administered due to adverse reactions or allergy:

Does Participant wish to receive mental health and counseling services from our providers? Yes No (Circle One)

Does Participant wish to receive alcohol and substance abuse services from our providers? Yes No (Circle One)

Emergency Contact

If the parent / guardian cannot be reached in case of an emergency, please notify:

Name: _____ Relation: _____ Phone: _____

Signature of Participant _____ Date: _____

**FULL ARMOR OUTFITTERS
Participant Liability Waiver/Release**

All shooting sports, outdoor activities, hunting and fishing-related to Full Armor Outfitters are inherently dangerous as is life. *INJURIES CAN AND WILL HAPPEN*. Full Armor Outfitters, and further, any member or organizers, SHALL NOT BE RESPONSIBLE FOR ANY ACCIDENTS CAUSING INJURY OR DEATH, BAD DIRECTIONS, OR DAMAGED PERSONAL EQUIPMENT that occur as a result of any activities both related to or non-related to FULL ARMOR OUTFITTERS regardless of fault. We do not claim to be experts; any advice given by another member should not be acted upon without first verifying its validity. If you join FAO events, you join at your own risk. Please note that the waiver must be signed before embarking on your Full Armor Outfitters event or outing dated: September 1, 2024.

The Undersigned, in consideration of being allowed to participate in any way on the Full Armor Outfitters Hometown Hero Dove Hunt.

1. I for myself, my executors, administrators, heirs, next of kin, successors, and assigns:
 - (A) Waive and release any and all claims that I may have against Full Armor Outfitters, their officers, directors, members, volunteer committee persons, employees, and agents, or any one or more of them or their executors, administrators, heirs, next of kin, successors, or assigns (the Releases), including any and all claims for damage caused by the negligence of any of them, arising out of my participation and their related activities, together with any costs, including attorneys' fees that may be incurred as a result of any such claim whether valid or not, and
 - (B) Indemnify and hold harmless the Releases and each of them against any such claim that I or my guests or any one or more of them or my or their executors, administrators, heirs, next of kin, successors, or assigns may have or assert and against any cost including attorneys' fees and respect thereto.
2. Agree that prior to participating, they will inspect the facilities and equipment to be used, and if they believe anything unsafe, they will immediately advise the Full Armor Outfitters staff or Outfitter.
3. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction or negligence, but also the actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, there may be other risks not known to us or not reasonably foreseeable at this time.
4. Assume all the forgoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death.
5. Release, waive, discharge and covenant not to sue FULL ARMOR OUTFITTERS OR THE HILLTOP HIDEAWAY OWNER ROBERT ANDREW TRAE CARTER, or any affiliated groups, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, volunteers, advertisers, and if applicable, owners and renters of premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
6. I understand and agree that this Release of Liability Agreement covers each and every activity and event in which I participate hereafter.
7. This waiver and release is formed under and is to be interpreted consistent with the laws of the State of Texas.
8. I agree and understand that SAFETY is my sole responsibility and release all persons and entities from this responsibility.
9. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement I have the right to consult legal counsel.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT AN INDUCEMENT.

Printed Name of Participant

(Participant signature)

Date