

North Central PA Pheasants Forever Youth Outdoor

Introduction

Pheasants Forever North Central PA Chapter 630 is proud to sponsor the annual Foundation Hunt project for terminally ill and handicapped youth from our area. This project was started in 2011 and to date 33 qualified kids and their families have participated in this all expenses paid weekend adventure. The event takes place at the beautiful Queenstown Lodge near East Brady, PA where the kids, their families including siblings, and our volunteers enjoy great outdoor activities such as hunting, fishing, riding UTVs, geocaching, kayaking, and horseback riding. Memories to last a lifetime are created for all involved.

Pheasants Forever works in conjunction with The Elk County Community Foundation to locate, screen, and select applicants in north central PA and surrounding communities. Qualifications include youth under 21 years old with a terminal illness or permanent disability. The attached application must be accompanied by a letter from a physician on their letterhead or prescription pad stating the patient/youth's name, type of illness, and confirmation of a lifethreatening or severely limiting disability.

There is no guarantee of selection. The number of participants will depend on available funds, facilities, and volunteer capacity. Priority selection will be towards those applicants with life- threatening situations as certified by a physician.

Physical limitations are considered for the outdoor activities and special requests will be considered. We will work with the families participating to create an individualized experience. We realize these illnesses affect the entire family and we want everyone to have a fun and relaxing time.

Food and lodging for the participant and parent/guardian(s) are not to exceed 2 adults. Photography and video may be taken onsite by Pheasants Forever and may be used on our website as well as at our outreach events.

As with all Pheasant Forever events, we take every measure of safety for the participants and their families.

It is our goal to make this a very fulfilling event for the kids, their families, and the volunteers!

Please be sure the following is included in your application packet:

- 1. Pheasants Forever Youth Outdoor Youth Referral Application
- 2. Letter from the child, in their words, as to why they would like to participate.
- 3. A picture of the child for our files
- 4. Physicians Statement on letterhead or prescription pad
- 5. Pheasant Forever Youth Outdoor Waiver of Liability

Confirm all forms are complete and signed to avoid delays with your application.

The 2025 event is scheduled for the weekend of September 12-

14, 2025.

Deadline for returning a <u>completed</u> application is July 18, 2025



North Central PA Pheasants Forever Youth Outdoor

Youth Referral Application

Elk County Community Foundation, P.O. Box 934, St. Marys, PA 15857

| Applicants Information | | | |
|---|-------------------|--------------------------|----------------|
| Name: | | _D.O.B | Age: |
| Illness: | | | |
| Is this a RUSH dream? YES NO Is this Individ | dual aware of t | he life-threatening cond | lition? YES NO |
| Social Security #:Sex: MALE F | FEMALE | | |
| Height:Eye Colo | or: | Hair Color: | |
| Clothing Sizes: Jacket:Boots: | | | |
| Parents/Guardian Information | | | |
| Legal names, as they appear on your licenses. Nicknam | nes may slow y | our application process | |
| Father's Name: | Mother's Na | me: | |
| Address: | Address: | | |
| City:StateZip | City: | State | Zip |
| Phone:2 nd # | 2 nd # | | ŧ |
| | | | |
| Email: | Email: | | |
| Medical Information | | | |
| Physicians Name: | | | |
| Address: | City: | State | Zip |
| Office Phone: | Fax: | | |
| Treatment Facility/Hospital: | | | |
| Summary of Physical limitations: | | | |
| | | | |
| | | | |
| Special Needs or Accommodations: | | | |
| | | | |

Outdoor Experience – The Dream

What type of Outdoor Experience does the youth want?

| Has youth ever hunted/fished before? YES | NO Do they presently have a license to hunt/fish? YES NO |
|---|---|
| Have they ever had a hunter safety course? Y | YES NO |
| If yes, when? | Please attach a copy of the certificate. |
| Have you ever participated in any other prog | ram such as this? YES NO |
| If Yes, Please Explain: | |
| Physicians Statement | |
| Physicians must have a separate form on lette notation that it is life-threatening, or a descrip | erhead or prescription pad, stating youngsters name, type of illness and a ption of the handicap. |
| NOTE: Physicians, please ATTACH a staten | nent as to the type of Life-Threatening/Terminal illness the applicant has |
| | |
| Parents - Please initial that you understand th | at a physical statement must be attached to this application: |
| | |
| I certify that the above is true to the best of m | ny knowledge. |
| I certify that the above is true to the best of m Parent Signature: | |
| I certify that the above is true to the best of m Parent Signature: | ny knowledge. |

Please enclose a picture of the child for our files.

How did you hear about the Pheasants Forever Youth Outdoor project?

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WAIVER of LIABILITY

North Central PA Pheasants Forever #630 is a non-profit, charitable organization seeking to grant the DREAMS of CHILDREN (21 & under) with disabilities and/or life-threatening illnesses seeking to participate in a hunting or fishing expedition. To that end Pheasants Forever requires the execution of this comprehensive waiver as follows:

Entry or Release of all claims:

In consideration of my acceptance or entry in the "Pheasants Forever Youth Outdoor" hunt or event, I release "North Central PA Pheasants Forever #630" and all volunteers who are connected with this hunt or event, from any liability or claims of injury to body or property or illness that I sustain during my participation in the hunt or event. I understand that this applies to myself, my personal helpers/traveling companions, heirs, and assigns. I represent that I am capable ofparticipation 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 hunt or event for any legitimate purpose.

I, agree that my successors, heirs, and assigns to hold harmless and forever indemnify the "North Central PA Pheasants Forever", 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 hunt or event as set forth and otherwise facilitated by the "North Central PA Pheasants Forever."

I agree that this waiver is for our entire family.

| This understanding is hereby executed on this | day of | , 20 | and evidence by the signatories as |
|---|--------|------|------------------------------------|
| set forth below: | | | |

PHEASANTS FOREVER YOUTH OUTDOOR PARTICIPANT (if over 18 years old) or Parent/Guardian

| Signature of participant |
|--|
| Print participant name |
| Names of other siblings and adults participating |
| Signature parent/guardian #1 |
| Print parent/guardian #1 |
| Signature parent/guardian #2 |
| Print parent/guardian #2 |

NORTH CENTRAL PA PHEASANTS FOREVER Agent