



Volunteer Boat Captain

Name _____

Address/City/St/Zip _____

Phone _____ Alternate Phone _____

Email Address _____ @ _____

Boat Make _____ Boat Model _____ Length _____

Engine Make/Model/ HP _____

Special Equipment on board _____

**You must provide proof of liability coverage on your boat showing coverage is in force during the event. Please include that with your application or within 10 days of submitting. If you have any questions, please contact Vickie Frank at 920.203.8692.*

Warriors on the Water is designed to allow selected US Military veterans the opportunity to experience a day of fishing. Utilizing tournament, fishing clubs members, and experienced and amateur anglers as volunteer Captains. You don't need to be a guide, just an angler with patience and understanding. The event is set-up for US Veterans, females are to be accompanied by one spouse or family member. The time on the water will be approximately 5-6 hours. All Captains and Vets will be recognized on stage. All Captains applications will be picked on a first come basis. Veterans will be assigned to a captain in advance. Captain's and partner veteran's contact information will be shared so that you can discuss with your vet, what they may want to fish for, how they really like to fish so that their day is a great as we can make it! Everyone in the boat will be required to wear their PFD when under power. It will be the responsibility of the "Captain" to supply a PFD for everyone onboard their vessel.

You will be contacted with specific event information at a later date to include what time to arrive, launch times and procedures, etc.

Please read and sign the Liability Waiver below.

WAIVER AND RELEASE OF LIABILITY AND PHOTO RELEASE– PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in the August 8, 2020 Warriors on the Waters fishing event hosted by Wounded Warriors United of Wisconsin (the “Event”), I _____, the undersigned, being of at least 18 years of age, acknowledge, appreciate, and agree that: I fully understand and acknowledge that: (a) inherent risks and dangers exist in my participation in the Event; (b) my participation in such activities and/or the use of watercraft in bodies of water and other equipment may result in injury or illness include, but not limited to bodily injury, disease, strains, fracture, partial and/or total paralysis, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, volunteers, employees, officers or agents of Wounded Warriors United of Wisconsin , the negligence of the participants, the negligence of others, accidents, breaches of contract, from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment. I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or conduct of the owners, volunteers, agents, officers, or employees of Wounded Warriors United of Wisconsin or by any other person. I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defendant and indemnify Wounded Warriors United of Wisconsin and its owners, volunteers, agents, officers and employees from any and all claims, suits or causes of action for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in the Event. I specifically understand that I am releasing, discharging and waiving my claims of actions that I may have presently or in the future for the negligent acts or other conduct by Wounded Warriors United of Wisconsin and its owners, volunteers, agents, officers or employees. **I HAVE READ THE ABOVE WAIVER OF RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE WOUNDED WARRIORS UNITED OF WISCONSIN AS WELL AS ITS OWNERS, VOLUNTEERS, AGENTS, OFFICERS AND EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.**

I hereby grant Wounded Warriors United of Wisconsin and its owners, agents, officers or employees permission to use my likeness arising out of my participation in the Event in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration.

_____ Age _____ Date Signed: _____

Signature

Mail the form to: Wounded Warriors United of Wisconsin
W14743 1st Ave, Gleason WI 54435