



Mail to:  
Empowerment Outfitter Network  
PO Box 2084  
Harker Heights, TX 76548

## HUNTING APPLICATION

Name \_\_\_\_\_ Application Date \_\_\_\_\_

Social Security # \_\_\_\_\_

List all phone numbers \_\_\_\_\_

List all Email addresses \_\_\_\_\_

Parent's/Guardian's Names \_\_\_\_\_

Full Address \_\_\_\_\_ County \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Eye Color \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Describe illness/disability:

Hunter Safety Certification Y/N \_\_\_\_\_ Hunter Safety Cert. # \_\_\_\_\_

Number of deer taken (Lifetime) \_\_\_\_\_ # taken since ill \_\_\_\_\_ Yrs of hunting exp \_\_\_\_\_

Best buck or other big game animal \_\_\_\_\_

How mobile is applicant in a hunting environment \_\_\_\_\_

If applicant uses wheelchair, indicate type(s) \_\_\_\_\_

How mobile is applicant in a hunting setting \_\_\_\_\_

Does the hunter require a special gun rest \_\_\_\_\_ If so, do they own one? \_\_\_\_\_



## HUNTING APPLICATION (CONT.)

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Can the applicant be easily transferred in and out of a Truck, SUV, or ATV? \_\_\_\_\_

Want to hunt (Circle) Trophy animals only or any male will do? \_\_\_\_\_

Does the applicant have a rifle? \_\_\_\_\_ If so, what type and caliber? \_\_\_\_\_

Does the rifle have a scope? \_\_\_\_\_ Does the hunter need any equipment to hunt with? \_\_\_\_\_

If so, please describe \_\_\_\_\_

Can applicant tolerate heat/cold? \_\_\_\_\_

Describe any dietary restrictions \_\_\_\_\_

Is hunter allergic to anything (if so, what?) \_\_\_\_\_

Describe applicant's hunting background to date \_\_\_\_\_

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Miscellaneous applicant information (favorite foods, sports teams, hobbies, dislikes)

At what distance can hunter hold 5 shots in a 6" group? (e.g., 50-yards, 100-yards) \_\_\_\_\_

Has applicant been involved in any other special hunting trips with other like organizations or is he/she being considered for one. Please describe with dates and details.

Can applicant hunt with a guide, without guardian or friend? \_\_\_\_\_

Can applicant hunt from a ground blind? \_\_\_\_\_ elevated blind? \_\_\_\_\_

Please describe your financial status at this time \_\_\_\_\_

If needed, provide an additional comments \_\_\_\_\_

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## HUNTING APPLICATION (CONT.)

**AMERICANS WITH DISABILITY ACT 1990**, Empowerment Outfitter Network (EON), prohibits discrimination against disabled people and guarantees equality of opportunity for persons with disability as well as terminally ill for hunting and or fishing adventures.

**AMERICANS WITH DISABILITY ACT 1990**, EON, prohibits discrimination against disabled people and guarantees equality of opportunity for persons with disability as well as terminally ill for hunting and or fishing adventures.

**WAIVER OF LIABILITY:** Empowerment Outfitter Network (EON), is a non-profit organization seeking to grant wishes for disabled and critically-ill individuals seeking to participate in hunting or fishing or other expedition. To that end EON requires the execution of this comprehensive waiver as follows: The undersigned agree that he/she, along with his/her successors, heirs, and assigns to hold harmless and forever indemnify of the EON, its Board of Directors, agents, and Collaborators from liability associated with any death or injury resulting from, or in association with, or during the execution of the event as set forth and otherwise facilitated by EON. The undersigned also agree that he/she, along with his/her successors, heirs, and assigned to hold harmless and forever indemnify of the person or persons offering the hunt and or fishing trip, namely the Donor, its agents and collaborators from any and all liability associated with any injuries sustained in association with, or during the execution of the event as set forth and otherwise facilitated by the Donor and EON. This instrument shall apply to any accident, injury, or event that occurs in 2025 or succeeding years. The undersigned personally accepts all liability and responsibility for the actions of everyone hunting, fishing or other activity with him or her (including minors, friends, associates, guests, etc.) This agreement also gives EON the legal right to use any pictures or video/audio recording taken for advertisement (which includes magazine, newspaper, website, brochures, television broadcasts, etc.) with our purpose only being to help encourage others to participate in enjoying the great outdoors. NOTE: Donor listed in the Waiver of Liability is the one donating the outdoor adventures. **HOLD HARMLESS & INDEMNIFICATION:** Furthermore, we the participants are aware that all states have "State Recreational Use Statutes", which confer a substantial degree of liability protection to landowners who allow the general public to enter upon or make use of their land for recreational purposes at no charge to us the participants. We participants waive for our executors, administrators, assignees or heirs, any and all rights and claims for damages, losses, demands and any other actions whatsoever, which they, individually or in solido, may have or which may arise against Land Possessor, and any of their heirs, employees, directors, officers or agents, including but not limited to any and all injuries, damages or illnesses suffered by Participant and/or Participant's property, which may, in any way whatsoever, arise out of, be related to or be connected with free outdoor recreation, or in any way connected with his or her presence on the property of Land Possessor. We participants on behalf of ourselves and our executors, administrators, assignees or heirs, hereby expressly release Land Possessor and any of landowners heirs, employees, directors, officers or agents from any and all such claims. I have read the above waiver of liability and understand it and ALL its premises. I agree with all statements and am doing so without any influence as my personal decision: **THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNED THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**, and further states that no oral representations, statements, or inducements apart from this agreement have been made.

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Date \_\_\_\_\_ Name of Parent or Guardian \_\_\_\_\_

Signature of Parent, Guardian, or Adult \_\_\_\_\_ Date \_\_\_\_\_