

Return to: **BADF Life Hunts**
3445 County Road 159
Bangs, Texas 76823
qt'hart@buckmasters.com

Please Include a Photo of Applying Hunter



Application for 2023-2024 BADF Life Hunts

Applicant's Name _____ Application Date _____

List All Phone #s _____

Parents) Names (if under 21) _____

Address _____ SSN _____

City _____ State _____ Zip _____

County of Residence. _____ Age _____ Email _____

Drivers License # _____ DL State _____ Height _____ Weight _____

Hunter safety certification? Yes ___ No ___ If Yes give # _____ and State issued _____

Date of Birth _____ Eye color _____ Height _____ Hair color _____

of deer or other large game taken in lifetime _____ # taken since ill/disabled? _____

Yrs Hunting Experience _____ Best Buck _____ Does condition require expedited ASAP hunt? _____

Describe illness/disability. _____

_____ How long ill/disabled? _____

If hunter has a compromised immune system, what precautions/protocol ctg needed? _____

Please explain how mobile applicant eqr gu in a hunting environment. _____

If c'y heelchair 'ku'wugf , indicate type: "Electricaaa ""Manualaaa ""Width of Wheelchair _____

If kn y heelchair i vive: Height of eyes from floor in chair ___" Height of Armpit in Chair from Flooraaa _"

Does the hunter need a special gun rest? _____ If yes, does he/she have one? _____

Want to hunt< Trophy animals onlyaaa Any male would be fineaaa A female would be fineaaa

I have: j igh/powerd rifle w/scopeaaa Rifle w/out scopeaaa Shotgunaaa Muzzleloaderaaa
Compound bowaaa Crossbowaaa

If you have a high powered rifle w/scope. r tqxkf g make, caliber and scope type and power: _____

_____ Does hunter need ur gelcn'equipment, if so, what? _____

Describe any dietary restrictions _____

Is hunter allergic to anything in the outdoors? _____ If so what? _____

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Clothing and boot sizes for hunter and hunting companion. In most cases only one helper allowed:

Name	Shirt	Pants	Jacket	Boot
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Note: Clothing is rarely provided, but can be on select hunts.

Has applicant ever applied with another organization for grant of special hunts, equipment or outdoor activities? _____ If yes explain, give dates, details and list animals taken and their size/points:

***ALL APPLICANTS AGREE TO NOTIFY BADF LIFE HUNTS IMMEDIATELY IF THEY APPLY FOR OR PARTICIPATE IN ANOTHER SPECIAL HUNT AFTER SENDING IN THIS APPLICATION.**

List names of people hunter must have with them in order to attend a Life Hunt: _____

At what distance can hunter hold 4 shots in a 6" group? 20 yds__ 50 yds__ 100 yds__ 200 yds__

Can applicant hunt with a guide without their helper being present? Yes _____ No _____

Can applicant be easily transferred into a 4WD pickup for transportation? _____

Indicate what you can use: Ground Blind__ Elevated House/Box w/Steps__ Elevated Stand w/Ladder__ Climbing treestand. If low mobility, can you be carried up stairs to use an elevated house? _____

If hunter has vision impairments, please explain _____

List special lodging accommodations needed by the hunter _____

If in a wheelchair, can hunter get by with a standard hotel room with standard doors and bath? _____

Are there financial hardships you would like to share? _____

Please attach any articles written on hunter and/or list special social media websites that may exist pertaining to the hunter. _____

Any other relevant information that we need to know about you. **If you are a disabled veteran please list your branch of service and weather you were disabled in combat.** _____

By making application for BADF Life Hunts, the applicant and all parties involved agree that all information is true and correct and that BADF has the permission to use and distribute the applicant's information as well as photographic images for the arrangement/promotion of the event applied for.

LLAPPLICANTS AGREE TO NOTIFY BADF LIFE HUNTS IF THEY APPLY FOR ANOTHER S HUNT AFTER SUBMITT

**BUCKMASTERS AMERICAN DEER FOUNDATION LIFE HUNTS
WAIVER, RELEASE OF LIABILITY FORM and MEDIA RELEASE FORM**

Please note: there are two places on this sheet that require a signature, three for minors.

In consideration of being allowed to participate in any way in BADF's programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise BADF of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor 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 only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue BADF, its affiliated clubs, their representative administrators, directors, agents, outfitters, guides, landowners and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and lessees of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from 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 releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____
Participant's Name Signature Date

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
Parent's Signature & Emergency Phone Child's Name & Date

MEDIA RELEASE FORM

Name _____ Age _____ Male _____ Female _____

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to BADF to copyright and/or publish any and all photographs, videotapes, conversations and Facebook posts in which I appear while attending this BADF event. I further agree that BADF may transfer, use or cause to be used, these photographs, videotapes, films or posts for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs - without limitations or reservations.

X _____
Signature Date

Please enclose at least one photo of applying hunter and mail to:

**BADF Life Hunts, 3445 County Road 159 Bangs, TX 76823
or email to: lhart@buckmasters.com**