Fishing has no boundaries®
Serving the Angler with disabilities
Greater Cincinnati Chapter

52 East Crescentville Rd., Suite E
West Chester, OH 45246
www.fhnbcinti.com

Annual Event 2017
Cowan Lake State Park
7379 State Route 730,
Wilmington Ohio

Volunteer Registration Form (Per Household)

Volunteer hours needed 7:00 AM to approximately 2:00 PM

FHNB Fishing Event at Cowan Lake State Park on May 20th & 21st 2017 (Event time 8:00 am to 1:00 pm)

I am hereby volunteering for: ☐ Saturday ☐ Sunday

Volunteer Name: _____ Print Minor Volunteer Name(s):_____(Age)____ Print
First Last Other minors Name(s) & Age fill in below

Volunteer Name: _____ Print _____ _____ _____

Street: _____

City: _____ State:_____ Zip:_____

List the Organization you're representing/affiliated with (if any) _____

Are you a Veteran of Military Service? Please circle/check ☐ YES or ☐ NO

How many years have you volunteered for FHNB? ____ ☐ First Time (Please Indicate)

Primary Phone: _____ Type_____ Alternate Phone: _____ Type_____

E-Mail(s): _____

VOLUNTEER OPPORTUNITIES - Circle area(s) of interest

☐ Boat Registration & Assignment Station ☐ Boat Owner ☐ Boat Captain (Qualified) ☐ First Mate (Experienced)

☐ Dock Boat Loading Station ☐ Life Jacket Station ☐ Bait Station ☐ Rod & Reel Station & Helpers ☐ Fishing Helper

☐ Adaptive Equipment ☐ Participant Registration ☐ Volunteer Registration ☐ Food Prep/Servers ☐ Fundraising/Grants

Release of Claims:
In acceptance of my participation in the FHNB Fishing Event at Cowan Lake State Park, I release FHNB, Inc. and the Greater Cincinnati Chapter of Hamilton Country as well as the event location of Cowan Lake State Park including the Park Marina and all respective agents and employees and all others connected with the event, from liability or claims for any injury to body or property or illness sustained during my participation in the event. I understand this release applies to me, heirs, and anyone in participation with me. I am capable of participating in this fishing event for individuals with disabilities, recognize that risk of injury may accompany such participation, and acknowledge this release is being relied upon by the Greater Cincinnati Chapter and FHNB, Inc. in permitting me to participate. I grant full permission to any and all related during the event to use any photographs, movies, recordings and other records of this event, without compensation.

(Note: No nonprescription, illegal drugs or alcohol allowed at this event!)

Volunteer Signature _____ Date: _____

Volunteer Signature _____ Date: _____

Volunteer Minor(s) Approval Signature _____ Date: _____
(Parent or Guardian (Required for those under age 18)

For questions call Bill Phelps (513) 456-6587 or email him at volunteer@fhnbcinti.com