

***Beyond BOW Workshop Application
Deer Hunt on Floy McElroy WMA
December 7-9, 2012***

**Please read qualifications prior to applying
(Novice deer hunter Only)**

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone (____) _____ Evening(____) _____

E-Mail address _____

Special Needs _____

If you have special dietary requirements (ex. Vegetarian) you may wish to bring something to supplement your diet.

A confirmation letter and a map to the facility will be sent upon your acceptance.

Come prepared for rain or shine, heat or cold.

Mail Application to:
La. Department of Wildlife & Fisheries
Attn: Dana Norsworthy - BBOW
368 CenturyLink Drive _
Monroe, LA 71203
(318) 345-3912

Cost: \$ 80.00 - payment due upon acceptance

Limit: 6 participants

Application Deadline: October 26, 2012

In applying for this LA Beyond BOW workshop, participants understand that by attending this program photographs may be taken during the workshop and may be used in future support of the program.

AGENDA:

Location of overnight facility: Poverty Point Reservoir State Park in Delhi (Richland Parish)

Friday, Dec 7, 2012: 2pm - sighting in of rifles at the Richland Parish Detention Center (This is MANDATORY with NO EXCEPTIONS)
4pm - arrival at Poverty Point Reservoir State Park in Delhi
5pm - educational safety program
6pm - supper

Saturday, Dec 8, 2012: Breakfast
Early departure for Floy McElroy WMA (Richland Parish) to hunt
Return to Poverty Point Reservoir State Park for lunch
Depart for evening hunt
Return for supper

Sunday, Dec 9, 2012: Breakfast
Early departure for Floy McElroy WMA for morning hunt only
Depart prior to lunch

(Basic and Big Game License with tags are required. Only one deer may be harvested each day)

QUALIFICATIONS TO APPLY FOR THE BEYOND BOW FLOY McELROY WMA DEER HUNT

PRE-REQUISITE:

You **must** have taken the Firearms and Firearm Safety course at a previous BOW or taken the Hunter Certification Course offered by the state. List your Hunter Education Certification # _____. Additionally, you **must** have taken the Bucks and Does course (once called Intro To Deer Hunting) at a previous BOW.

This deer hunt is for Novice Deer Hunters Only. You must also meet the below novice requirements to apply for this hunt.

The Beyond BOW deer hunts are intended to introduce and teach novices about deer hunting. For that reason, experienced deer hunters and participants that have attended previous Louisiana BBOW deer hunts are ineligible for these hunts. For purposes of eligibility for these hunts, a novice deer hunter is defined as: *a person who has harvested no more than 2 deer and/or other big game animal (elk, antelope, bear, moose, etc.) in their lifetime.* All applicants must certify that they are novice deer hunters by signing the statement below.

I certify that I am a novice deer hunter as defined in the paragraph above. I understand that if I am found in breach of this signed agreement my application will be voided and paid workshop fees will be forfeited.

Applicant Signature

Date

LIABILITY / MEDICAL RELEASE

In consideration of the benefit received from my participation in the Beyond BOW Program and associated activities I voluntarily and knowingly assume any risk associated therewith and waive my right to assert any claim against the State of Louisiana, or any of its Departments, Agencies, Boards and Commissions, as well as its officers, agents, servants, employees and volunteers for injury or damage to my person or property resulting from my participation in Beyond BOW activities. I further release and hold harmless the State of Louisiana, all State Departments, Agencies, Boards and Commissions, as well as its officers, agents, servants, employees and volunteers, from any and all claims, demands, causes of action, expense and liability arising out of injury or death to my person as a result of my participation in the Beyond BOW and associated activities.

I further understand and agree to abide by the general rules and conduct prescribed for guest of the LDWF and that violations may result in a denial of privileges, a forfeiture of all fees paid and immediate removal from the property.

I have read this release. I understand that it affects legal rights and responsibilities, and I hereby agree and consent to its terms and conditions and hereby waive any claims arising while residing and/or participating in programs of LDWF.

Signature of Participant

Date

**MEDICAL HISTORY QUESTIONNAIRE
(MANDATORY)**

Name: _____ Date of Birth: _____ Sex: _____

Address: _____

City/State/Zip _____

Phone:(_____) _____

Emergency Contact: _____ Phone: (_____) _____

ALL INFORMATION WILL BE CONFIDENTIAL

The below information could be life saving if an accident or injury occurs. This questionnaire is VOLUNTARY.

Please List:

Current Medications:

Allergies / Asthma (include medications):

Circle if you are being treated for any of the following:

Diabetes

High Blood Pressure

Seizures

Heart / Lung / Kidney
Disease

When was your last Tetanus Toxoid inoculation? _____

THIS MEDICAL HISTORY QUESTIONNAIRE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Participant

Date