



A Hunt Above
www.ahuntabove.org



Referral Application

Applicants Information

Name _____

Date of Birth: ___/___/_____ Age _____ Sex Male Female

Illness: _____

If critically ill, what is the window of opportunity to participate in his/her dream: _____

Is this individual aware of the life-threatening condition? Yes No

Parents/Guardians:

Mothers Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile: _____

E-mail if Applicable: _____

Fathers Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile: _____

E-mail if Applicable: _____

Physician's Name: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____

E-mail if Applicable: _____

Treatment Facility/Hospital: _____

Summary of your patient's physical limitations:

Special Needs or Accommodations: _____

Have Applicant's Physician attach a statement as to the sort of disability or terminal illness the individual has and his/her medically-documented limitations. [Note: all information will be kept in strict confidence between A Hunt Above and those immediately involved in the event itself.]

General Family Related Questions:

1) What type of dream hunt or fishing trip does the Applicant want? _____

Deer/hog/duck/goose/small game/freshwater fishing/saltwater fishing/other _____

2) Has the applicant ever participated in any form of hunting and/or fishing? Yes No

Has the applicant ever partaken in a FREE hunting or fishing trip donated by anyone or any organization? Yes No

If so when, _____ and since their disability or illness was diagnosed, how many hunting and/or fishing trips did the applicant attend? _____

3) Has the applicant ever attended a hunter safety course? Yes No

If so, does he or she hold a certificate? Yes No

[Note: Firearm safety is an important part of a successful hunt and is require in most states.]

4) Does applicant have a suitable firearm for his/her particular wish? Yes No

5) If the applicant chooses a fishing dream, does he or she have suitable tackle and rod and reel?

Yes No

6) Will the applicant need wheelchair accessibility to blinds, boats, ect.? Yes No

7) Can you afford any incidentals out of pocket cost such as fuel or motel? Yes No

A Hunt Above will try to keep all dream events within a 300 mile radius of applicants' home.

Our goal is to help keep cost moderate and have funds available for more dream events.

NOTE: IF POSSIBLE PLEASE INCLUDE PICTURE(S) OF APPLICANT

Footnote: Many members of A Hunt Above also sponsor some of these incidental hunting and fishing expenses for those families with the greatest need.

IMPORTANT: After your wish has been granted, please remember to send a personal thank you [with picture(s) if available] to your donor. A thank you is truly cherished by the generous people that help make these wishes come true.

Comments:

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

WAIVER OF LIABILITY: A Hunt Above is a non-profit organization seeking to grant wishes for disabled and people with life threatening illness seeking to participate in a major hunting or fishing expedition. To that end, A Hunt Above 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 A Hunt Above Corporation, its Board of Directors, agents, and Collaborators from liability associated with any death resulting from, or in association with, or during the execution of the event as set forth and otherwise facilitated by A Hunt Above. The undersigned also agrees that he/she along with his/her successors, heirs, and assigns to hold harmless and forever indemnify of the person or persons offering the hunting or fishing trip, namely A Hunt Above, 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 A Hunt Above. This instrument shall be applicable to any accident, injury, or event that occurs in 2005 or succeeding years. The undersigned personally accepts all liability and responsibility for the actions of everyone hunting or fishing with him or her (including minors, friends, associates, guest, ect.)

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAVIER OF LIABILITY AND INDEMNITY AGREEMENT, and further states that no oral representations, statements, or inducements apart from this agreement have been made.

Date _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Signature _____

Parents (signature if under 18) _____

State of _____

County or Parrish _____

SUBSCIBED and SWORN before me this _____ day of _____ 200__

_____ Exp.Date _____

NOTARY PUBLIC

[Please make sure this application is signed before a notary public]

A HUNT ABOVE

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