



Swan Island 4th Annual Family Field Day



Saturday ♦ August 4, 2018 ♦ 9am-2pm

Bring your family to Swan Island in the Kennebec River and learn a variety of outdoor skills from seasoned professionals!

- ♦ Reservation required to participate
- ♦ First ferry leaves for island at 7:00, sessions start at 9am
- ♦ Breakfast to be prepared by local boy scouts, by donation
- ♦ Lunch will be provided, be sure to bring your own drinks
- ♦ Ages 15 and under must be accompanied by an adult
- ♦ Children must be 10 or older to ride ATVs

\$5/person or \$20/family

(family = 4 or more members of immediate family)

Sponsored by: MDIFW, LL Bean, Maine Trappers Association, Hamlin Marine, Seaspray Kayak, and North American Versatile Hunting Dog Association.



Activities include:

Fishing, Paddling, Archery, Shooting, Orienteering, Geocaching, ATV, Island Tours, Hunting Dog Demo, Trapping Demo, Pelts, and more!

Plus, this year we'll be having an olympic-style competition in the afternoon!

REGISTRATION FORM

(A separate waiver form for each participant must be sent with registration, families must stay together)

Contact Person: _____ Age: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 E-mail: _____

Additional Participants:

Name & Relationship: _____ Age: _____
 Name & Relationship: _____ Age: _____
 Name & Relationship: _____ Age: _____
 Name & Relationship: _____ Age: _____
 Name & Relationship: _____ Age: _____
 Name & Relationship: _____ Age: _____
 Name & Relationship: _____ Age: _____

Method of Payment:

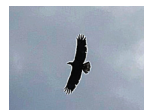
Check/Money Order made payable to:
Treasurer, State of Maine

VISA or MASTERCARD

Name on Card: _____

Card Number: _____

Expiration Date: _____ Code: _____



Mail registration, waiver forms, and payment to:

Maine Dept. of Inland Fisheries & Wildlife

Attn: Kristina Paulhus

284 State St, SHS 41

Augusta, ME 04333-0041

or fax form to:

207-287-6395

WOULD YOU LIKE TO PARTICIPATE IN THE BOY SCOUT BREAKFAST? Yes _____ No _____

* If you have any questions please contact Kristina at: 207-287-5244 *

mefishwildlife.com

WAIVER OF LIABILITY & MEDICAL HISTORY QUESTIONNAIRE

SWAN ISLAND FIELD DAY- August 4, 2018

All information is confidential. Form required for each participant.

This document affects your legal rights. You must read and understand it before signing below.

Name _____ Date of Birth _____

Physician _____ Phone # _____

Emergency Contact Name _____ Phone # _____

Please check any of the following medical conditions that apply to you:

Yes No Are you allergic to any medication (aspirin, penicillin, etc)? List _____

Yes No Do you take any medication critical to your health? List _____

Yes No Have you ever been told by a doctor that you have epilepsy? When _____

Yes No Have you had recent surgical operations, accidents or injuries? What/When _____

Yes No Have you ever been unconscious, had a concussion or head injury?
When _____

Yes No Are you pregnant? _____

Do you wear: Glasses Contact Lenses Date of last tetanus immunization: _____

Please check any of the following medical conditions you have had within the last five years:

Hay fever or allergies (especially to bees, ants, etc) If yes, please list _____
Do you carry an epi pen? Yes No

Heart Disease Diabetes Fainting Spells Asthma Seizures High Blood Pressure Other _____

Comments: _____

I wish to participate in activities offered through the Maine Department of Inland Fisheries & Wildlife, Swan Island Field Day that include, among other activities, participating in workshop sessions on Swan Island.

I understand that participating in these activities may involve certain risks including, but not limited to, the risk of physical or mental injury, death, illness or disease, or damage to my property. Knowing the nature of the potential hazards involved in these activities, I am willing to assume any and all risks involved in participating in them.

In consideration of the opportunity to participate in these activities, therefore, I hereby voluntarily acknowledge and agree to release and discharge the Maine Department of Inland Fisheries and Wildlife ("IF&W") and/or any contractor, volunteer, or employee of IF&W, from any liability whatsoever that relates to, arises from, or is in any way connected with my participation in this activity, including but not limited to any acts, errors, or omissions of IF&W, its agents or employees, or any other persons or entities.

I understand that by signing this Waiver of Liability, I am voluntarily giving up any legal rights or possible claims that I might otherwise assert against IF&W, its agents or employees, or any other persons or entities, that are in any way related to my participation in these activities.

By signing below, I am certifying that I have read this entire Waiver of Liability, that I understand it, and that I agree to be bound by its terms. I understand that this is the entire agreement between me and IF&W, its agents and employees, with respect to my knowing and voluntary assumption of risks and waiver of liability, and that it cannot be modified in any way by the representations of any employee or agent of IF&W, or by me.

I give my consent for representatives of IF&W to provide medical attention, transportation and emergency medical services as warranted by the circumstances. I represent that I am in good health, and that I am not aware of any disease or injury that would be aggravated or result in being incapacitated or injured during any program participation except as designated herein.

I give my consent for representatives of IF&W to take and use photographic images of me in brochures, slide shows, PowerPoint presentations, videos, advertisements, displays and other methods of educational or promotional outreach.

Signature of Participant, Parent or Guardian

Printed Name

Date