

2017 RCO/FCA PA Youth Antlerless Hunt



Welcome to the 10th Annual RCO/FCA PA Youth Antlerless hunt. We are excited to have each of you participating in this year's event and we are looking forward to hunting and fellowshiping with all of you. This year's hunt will take place on October 20-21 and we have only 15 spots available. To secure your spot for this hunt all forms need to be filled out and turned into Anthony Infante by October 1st.

Requirements:

- 2017 Antlerless license **WMU 2D**. (Only 1 deer per hunter)
- **Mentor hunters** must follow PA Game Laws.
- **Orange hat and vests are required for hunter and supervising adult**
- Please review 2017 PA Hunting and Trapping Digest for Antlerless License Application, Deadlines and requirements.

Enclosed you will find:

1. Agenda of weekend events
2. Event Releases and Waiver Forms
3. Video and Audio Release Forms

Please read over and sign the enclosed forms and return to Anthony Infante by Sunday October 1st. We have limited space this year so it will be first come first serve. If you have any questions please feel free to contact Anthony Infante at 724-664-2905. Forms can be handed to Anthony or mailed to him: 106 Janice Lane/Saxonburg, PA 16056



www.ruggedcrossoutdoors.org



www.fcapittsburgh.com

2017 RCO/FCA PA Youth Antlerless Hunt Agenda



Friday 10/20/17

- 12:00pm Arrival Barrett Lodge
- 12:30-2:00pm Informational meeting / Fellowship
- 2:00pm Departure for afternoon hunts
- Dusk Gathering of hunters and evening recap at lodge

Saturday 10/21/17

- 5:00am Meet Hunters at McDonalds in Kittanning for breakfast (If needed)
- 5:30am Departure for Barrett Lodge/ Hunting sites
- 10:00am Hunters pack up and head towards lodge
- 10:30am-2:00pm Fellowship, lunch, PA Game Commissioners Presentation, Devotion speaker at Barrett Lodge
- 2:00pm Departure for afternoon hunt
- Dusk Gathering of hunters and evening recap at lodge

Barrett Lodge Address/Phone

130 Evergreen Road
Dayton, PA 16222
814-257-8226



Rugged Cross Outdoors
1733 N. 9th Street
Sheboygan, WI 53081
www.ruggedcrossoutdoors.org
989-600-0747



PARENTAL PERMISSION AND MEDICAL CONSENT

RE: 2017 RCO/FCA (Fellowship of Christian Athlete's) P.A. Youth Doe Hunt

Name: _____ born on _____
Social Security Number: _____
Address: _____
Phone Number: _____

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child, hereby consents to the participation by the Child in **The 2017 RCO/FCA (Fellowship of Christian Athlete's) P.A. Youth Doe Hunt** conducted by *Rugged Cross Outdoors, Inc.* and to the participation of the Child in all events relating to the activity on **October 20, 2017** through **October 21, 2017**.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Organizer to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures.

If there is no medical emergency, the guardian will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this Consent Form, Organizer shall not have the authority to withhold or withdraw life-sustaining procedures for the Child.

This Consent Form may be revoked at any time before the expiration date with written notice to Organizer.

Signed on _____ (date), at _____ (city), _____
(state).

Signature of Parent

Signature of Parent



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WAIVER AND ASSUMPTION OF RISK—YOUTH

I, _____, Parent/legal guardian, voluntarily sign this Waiver and Assumption of Risk on behalf of my child _____ in favor of the Owner, ***Rugged Cross Outdoors, Inc. & FCA (Fellowship of Christian Athlete's)*** in consideration for the opportunity to use the Owner's facilities/property and/or the opportunity to receive instruction from the Owner or the Owner's employees/volunteers, and/or to engage in the activities sponsored by the Owner, as follows: **Your child will participate in a two-day youth doe gun hunt. This hunt will include the use of dangerous equipment such as firearms and elevated tree stands and/or tower blinds. There are possible risks that may include but are not limited to: injury/death while participating in the sport, illness from food, water, or traveling, accidents while traveling, injury due to not obeying or not following directions or hunter safety guidelines, or accidents while participating in activities.**

I understand that there are certain risks and dangers associated with the activity of hunting and use of the facilities/property and that these risks have been fully explained to me and my child. I fully understand the danger involved.

I fully assume the risks involved as acceptable to me and I agree to allow my child to participate in this hunt.

I waive and release ***Rugged Cross Outdoors, Inc.*** and ***FCA (Fellowship of Christian Athlete's)*** from ***any*** claim for personal injury, property damage, or death that may arise from my use of the facilities, equipment and/or properties or from my participation in the activities or instruction.

_____, 20 ____
 Dated

 Signature of Youth

 Signature of Parent/Legal Guardian

 Printed Name of Youth

 Printed Name of Parent/Legal Guardian

 Address of Participant

 City and State of Participant



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Release and Authorization to Record Picture and/or Voice On Photographs, Films, Audio and/or Videotapes

Release executed on _____ (date), by _____ of _____ (street address, city, county, state, zip code) herein referred to as **Releasor**, in favor of **Rugged Cross Outdoors, Inc.**, a corporation organized and existing under the laws of the State of **Wisconsin**, with its principal place of business located at **1733 N. 9th Street Sheboygan, WI 53081** herein referred to as **Releasee**.

In consideration of the sum of Zero Dollars (\$0), and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Releasor, being of lawful age, hereby expressly releases Releasee, its licensees, agents, successors and assigns from all liability for claims and/or demands arising out of the agreement as set forth below.

Releasor hereby authorizes Releasee to record his/her picture and voice on photographs, films and audio and videotapes, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films or audio and videotapes, broadcasts and/or for full use on radio and television including cable, Internet and satellite transmissions, or otherwise, and to use and license others to use such recordings, movie and sound films, audio and videotapes, and broadcast programs in any manner of media whatsoever, including unrestricted use for purposes of publicity, advertising and sales promotion and to use Releasor=s name, likeness, voice and biographic or other information in connection therewith.

Releasor further agrees to indemnify and save harmless Releasee, its licensees, agents, successors and assigns, from any and all claims and liability for damages, losses or expenses of any sort arising from the making of such recordings and their use. Releasor further acknowledges that, except for the above-stated compensation, there were no promises of any compensation for such use by Releasee or by anyone associated with Releasee and, that Releasee exclusively owns all rights to these recordings regardless of the form in which they are produced or used.

Releasor warrants and agrees that he/she has read and understood the contents hereof, and that he/she has the right and authority to execute this release and indemnification.

In witness whereof, the parties have executed this release and indemnification agreement at **2017 P.A. Youth Doe Hunt** (designate place of execution) on the date and year first above written.

Releasor

Releasee



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Rugged Cross Outdoors is a not-for-profit organization incorporated under the Internal Revenue Code 501c3. **We strive to positively promote the incredible sport of hunting through the involvement in events such as this!** By supporting Rugged Cross Outdoors, you help us introduce Christianity to fellow outdoorsmen and women, our youth, people with disabilities, and/or individuals with life threatening illnesses. You also make it possible to both promote and preserve the sport of hunting. As you know the future of hunting is contingent on the successful introduction and promotion of this wonderful sport to the generations to come. It is also critical that we lovingly show them the importance of a relationship with Jesus Christ and its' eternal implications.

Since you are like us and have a passion for the outdoors and the sport of hunting, then you may be interested in making a financial investment in this ministry by becoming a monthly financial partner. We guarantee you that it will have both an immediate and eternal impact on your life as well as others.

We have enclosed a donation card in which you can complete and return to us. We are also in need of prayer support. Please consider praying for all aspects of this ministry.

We appreciate all your financial gifts and prayers. Not only are we thankful for your support of this God-given ministry, so too are the people God puts in our path. Without you this ministry would not be possible! May God bless you and your family as well as all your future hunting and outdoor adventures!

Thank you,

The Rugged Cross Outdoors Team

Rugged Cross Outdoors Gift Card



A Christian Outdoor Ministry

Rugged Cross Outdoors, Inc. is a non-profit 501 (c) 3 Public Charity organization with Tax ID # 26-3160959.

Please accept my tax-deductible gift in support of Rugged Cross Outdoors!

One time gift:

\$5000 \$1000 \$500 \$100 Other \$ _____ My employer will match my gift.

(Please include your employer matching gift form with this form)

Monthly Gift:

\$10000 \$5000 \$1000 \$500 \$1000 \$500 \$100 \$50 \$25 Other \$ _____

Method of payment:

**Check Credit Card: Discover Visa MasterCard American Express

Check #: _____ Credit Card #: _____

Credit Security Code # (3-digit number on back of card): _____ Expiration MM/YY: _____

_____/_____

Name: _____ Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email (optional) _____

Signature: _____ Date: _____

I hereby authorize Rugged Cross Outdoors, Inc. to initiate automatic withdrawals from my credit/debit card each month.

This authorization is to remain in effect until revoked by me in writing.

I would like more information concerning how I can help Rugged Cross Outdoors through:

Hunting Property

Equipment Gifts

Prayer

*****Please make checks payable to Rugged Cross Outdoors***

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