

2024 RCO/FCA Arianna Evans Memorial PA Youth Antlerless Hunt



Welcome to the 17th Annual RCO Arianna Evans Memorial 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 25-26 and we have only 25 spots available. To secure your spot for this hunt all forms need to be filled out and turned into Anthony Infante by October 8th.

Requirements:

- 2024 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 2024 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 8th. 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

2024 RCO Arianna Evans Memorial PA Youth Antlerless Hunt Agenda



Friday 10/25/24

ALL HUNTERS MUST ARRIVE AT THE BARRETT LODGE BY 11:00 AM TO PARTICIPATE

11:30-2:30pm Lunch/Informational meeting /Devotions & Small Groups

2:30pm Departure for afternoon hunts

Dusk Gathering of hunters and evening recap at lodge

Saturday 10/26/24

ALL HUNTERS MUST ARRIVE AT THE BARRETT LODGE BY 11:00 AM TO PARTICIPATE

8:00-9:00am Breakfast for Volunteers/Guides

9:00 – 10:30am Devotions & Fellowship for Volunteers/Guides

11:30am-2:30pm Lunch/Informational meeting/Devotions & Small Groups

2:30pm 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
4748 South 16th St.
Sheboygan, WI 53081
www.ruggedcrossoutdoors.org
989-600-0747

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. and The Barrett Family*** 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 The Barrett Family*** from *any* claim for personal injury, illness (including, but not limited to, COVID-19), 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 **4748 South 16th 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 **2024 PA Youth Doe Hunt** (designate place of execution) on the date and year first above written.

Releasor

Releasee



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PARENTAL PERMISSION AND MEDICAL CONSENT

RE: 2024 RCO Arianna Evans Memorial PA 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 2024 RCO Arianna Evans Memorial PA 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 25, 2024** through **October 26, 2024**.

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

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 Outdoor***

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