

Fort Robinson State Park

Oct. 2 - 4,
2020



Nebraska's Becoming an Outdoors-Woman Program

BOW Scholarship

Limited funds are available for partial scholarship(s) valued at \$125 for Nebraska residents only.

Preference will be given as follows:

- First-time participants
- Financial need
- Outdoor enthusiast who wants to learn hunting, fishing, and/or shooting sports skills
- Ability to impact others with newly learned skills

In the event you are not selected for a scholarship, you will have the option to pay the remaining balance of the full registration fee (\$250.00) or you may request a refund of your \$125.00 deposit and not attend the weekend. Balance of \$125.00 will be due by **April 15, 2020**. If you decide not to attend for any reason, please notify us, so we may have the option of offering this opportunity to another applicant.

Scholarship Application Deadline: March 15, 2020

Requirements (all to be completed together):

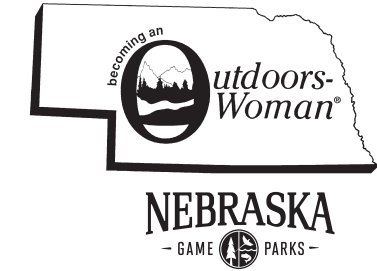
- Complete scholarship questionnaire (available at www.nebraskabow.com)
- Pay \$125.00 deposit with application (may pay by PayPal online)
- Complete registration form (may be submitted online with PayPal payment)

For the complete scholarship application go to www.NebraskaBOW.com to print/download a copy of the entire scholarship form for submission.



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REGISTRATION — Registration and payment can be made online via PayPal at www.NebraskaBOW.com or complete both sides of registration form and send with a check payable to the Nebraska Game and Parks Foundation to: BOW, P.O. Box 30370, Lincoln, NE 68503-0370. Call 402-471-5571 or email Tiffani.Gerber@nebraska.gov for more information.

CANCELLATION DEADLINE — Refunds will be provided if cancellations are done before **July 15**. After that date, a \$100 processing fee will be deducted from your refund. There are no refunds for registrants who do not cancel by **Aug. 1, 2020**; however, you may send a substitute.

SCHOLARSHIPS — Limited scholarships are available. To apply please see the back page of this insert or visit www.NebraskaBOW.com. Scholarship **applications are due by March 15, 2020**.

LODGING — Lodging at Fort Robinson State Park will be in the original officers' housing and adobes, which includes queen and bunk beds. We will try and honor roommate requests, but there are no guarantees.

Thursday night lodging is available for an additional \$50 (no meals) you will need to mark that box on the registration if you choose this option.

A Nebraska park entry permit is required to enter Fort Robinson State Historical Park (sold at the park).

WHAT TO BRING — Please bring personal items that you need and, any medications, and check the "What to bring" list available at NebraskaBOW.com. This list will also be emailed to registered participants. **For all workshop sessions, unless otherwise noted, demonstration equipment will be provided. Do not bring your own unless it is specified in the session descriptions.**

Door Prizes - Participants will have a chance to win door prizes and raffle items at the workshop. If you, or a business you know, would like to donate a door prize, please have them contact us. We like to showcase Nebraska businesses and products.

Silent Auction - This has become a fun tradition at the workshop. We invite participants and instructors to bring items for the silent auction. Then you may bid on items that interest you. All proceeds from the silent auction go back to support the Nebraska BOW program. Cash, credit cards and checks are accepted.

BOW-tique - BOW logo clothing and other useful items are available for purchase during the workshop. All proceeds from the gift shop go back to support the Nebraska BOW program. Cash, credit cards and checks are accepted.

An automated confirmation of registration and class schedule will be sent electronically immediately after registering online. Additional information will be sent in early September, along with a map to Fort Robinson State Park and clothing recommendations

All times are Mountain Time for the Fort Robinson State Park BOW.

*Registration is taken on a first-come, first-served basis. Priority will be given to first-time participants, and any repeat participants who bring one new participant, through **March 2, 2020**. No registrations will be accepted by telephone or fax. Fee and waiver form must accompany registration.*

Sponsored by the Nebraska Game and Parks Commission

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REGISTRATION FORM

One form per person (photo copy for additional registration)

Name, Phone (Day), Phone (Evening), Address, E-mail (required), City, State, ZIP

May we use the above information on a participant list distributed at the workshop? Yes No

By signing below, the applicant understands that photographs may be taken during the sessions and may be used in future support and promotion of the program.

I would be interested in carpooling Yes No

I would like to room with: 1. 2. 3. (We will try to honor your preference as space allows)

Signature, Date

Indicate your first (1), second (2), third (3), and fourth (4) choice for each session

Table with 4 columns: FRIDAY, SESSION I; SATURDAY, SESSION II; SATURDAY, SESSION III; SUNDAY, SESSION IV. Rows A-H listing activities like Introduction to Firearms, History of Fort Robinson, etc.

If you are signed up for any firearm class you must take INTRODUCTION TO FIREARMS or have a Hunter Education Card or explain experience.

Card # or explain experience

Are you an EMT, RN, LPN, doctor? Check here if you have any special dietary requirements... Have you attended a prior Nebraska Becoming an Outdoors-Woman Workshop? A T-shirt is included in the registration package.

WORKSHOP FEE (SEND CHECK PAYABLE TO NE GAME AND PARKS FOUNDATION) - Includes instruction in all sessions, program materials, use of demonstration equipment, and all meals and lodging, if so indicated.

\$250 (includes meals and lodging) \$200 (meals only, no lodging) \$125 (applying for a scholarship) \$50 (Thursday night lodging)

Nebraska BOW Participant Waiver and Assumption of Risk

Name, Date of Birth, Sex

Address, Phone

City/State/Zip

Emergency Contact, Phone

In consideration for the participant, named above, being allowed to participate in any way in the hunting, shooting and outdoor skills activities conducted at the Nebraska Game and Parks Commission's Becoming an Outdoors-Woman Program...

Furthermore, I herewith agree to indemnify and hold forever harmless the State of Nebraska and the Game and Parks Commission, its officers, officials, agents and employees ("Released Parties") against loss from any claims, demands or actions that may hereafter, or at any time, be made or brought against the Released Parties on account of damages or bodily injury or death to the participant sustained in consequence of the aforesaid activity.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

X Participant's Signature, Date

Participant Allergy Information

Please list all food/medications/materials/plants/stings that the participant needs to avoid.

Allergy 1 table with columns: Allergy 1, Type, Management / Medication, Notes

Allergy 2 table with columns: Allergy 2, Type, Management / Medication, Notes

Allergy 3 table with columns: Allergy 3, Type, Management / Medication, Notes

Please list any additional physical or medical issues that you would like the program staff to be aware of.

EMERGENCY MEDICAL AUTHORIZATION

The medical information is correct to the best of my knowledge, and I am able to engage in all activities, except as noted by me. In the event of an emergency, I hereby give permission to a physician to hospitalize, secure proper anesthesia, or to order injection or surgery or other medical procedures required by the emergency situation.

I give consent for the Nebraska Game and Parks Commission (hereinafter "NGPC") and/or their agents to provide medical attentions, transportation and emergency medical services as warranted by the circumstances.

I represent that I am in good physical condition and I am not aware of any disease or injury that would be aggravated or result in my being incapacitated or injured during any program participation except as designated herein.

Signature of Participant, Date