

# HEROES RISING



## Disabled Veteran APPLICATION

### Hunter Information:

Application Date \_\_\_\_\_ Age: 20-29 \_\_\_\_ 30-39 \_\_\_\_ 40-49 \_\_\_\_

Name \_\_\_\_\_ 50-59 \_\_\_\_ 60-69 \_\_\_\_ 70+ \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

Service Branch \_\_\_\_\_

Height \_\_\_\_ Weight \_\_\_\_ Sex: Male \_\_\_\_ Female \_\_\_\_

### Emergency Contact Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

### Doctor or Hospital Contact Information / Medical Information: (only if it still applies in your case)

Physician Name \_\_\_\_\_

Hospital or Treatment Facility \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

Heroes Rising Outdoors uses the AZGFD Tag Transfer Program to provide Arizona big game hunts to our nation's disabled veterans. To qualify for Tag Transfer under A.R.S.17-332, you must be **A VETERAN OF THE ARMED FORCES OF THE UNITED STATES WHO HAS A SERVICE-CONNECTED DISABILITY.**

For the purposes of the previous paragraph, disability means: **“a permanent physical impairment that substantially limits one or more major life activities requiring the assistance of another person or a mechanical device for physical mobility.”**

This definition stated within A.R.S. 17-332 pertains to a physical condition, not percentage of disability. It is possible for an individual to have a 100% disabled VA rating, yet not qualify for big game tag transfer based on the definition within A.R.S.17-332.

All individuals applying to the Arizona Elk Society's Heroes Rising Outdoors program must submit a **completed physician's form** confirming the veteran's status as meeting the State of Arizona's standards regarding physical disability. (see Medical Doctor Page)

**NOTE:** To be approved as a participant in the Hunts for Heroes program, we will need proof of your veteran status (veteran ID, DD214, or other government issued document) --- feel free to redact personal information.

To help us deliver a quality experience in an outdoor environment which may include rugged hunting conditions, please provide any pertinent information you have that may affect your hunt. Do you have limitations walking? If yes, how far before rest is needed? If you use a wheel chair, is it motorized or must it be pushed by someone else? Does the motorized chair need to be charged? Do you use oxygen tanks? How do you fare in cold-weather conditions (hands / feet)? All information you furnish will help us provide the best experience possible.

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Special Needs or Accommodations:

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Preferred Method of Take (check all that apply):

Archery \_\_\_\_\_ Crossbow \_\_\_\_\_ Handgun \_\_\_\_\_ Muzzle Loader \_\_\_\_\_ Rifle \_\_\_\_\_ Shotgun \_\_\_\_\_

## **Tag Transfer Information:**

Under Arizona Revised Statutes and Arizona Game and Fish Commission Rules people who have drawn Arizona big game tags can transfer their tags to disabled veterans via a qualified organization.

Consult A.R.S. 17-332 for more information.

## **Other Helpful Information**

**Arizona Disabled Veteran Hunting License:** Available to disabled veterans who are receiving compensation from the United States government for permanent and total service-connected disabilities rated at 100% disabling. This is a lifetime license and is free of charge. Contact the Arizona Game and Fish Department office for additional information and application: 602-942-3000, or see:

[www.azgfd.com/license/speciallicense/disabledvets/](http://www.azgfd.com/license/speciallicense/disabledvets/)

**Physically Challenged Hunters:** Those hunters who are physically challenged may qualify for a Challenged Hunter Access/Mobility Permit (CHAMP). This permit does not expire and is free of charge. Contact the Arizona Game and Fish Department office for additional information and application: 602-942-3000, or see: [www.azgfd.com/license/speciallicense/champ/](http://www.azgfd.com/license/speciallicense/champ/)

**Crossbow Permit:** There is a crossbow permit that allows a person with a physical disability to use a crossbow, or any bow that uses an assisting device, during an archery-only season (see R12-4-318 and R124-304). This permit is available free of charge. Contact the Arizona Game and Fish Department office for additional information and application: 602-942-3000, or see: [www.azgfd.com/license/speciallicense/crossbow/](http://www.azgfd.com/license/speciallicense/crossbow/)

**Terms and Conditions of the AES Heroes Rising Outdoors program:**

I, \_\_\_\_\_ (Applicant name), have read and hereby certify that I understand what is required of me as the Applicant to be able to participate in the AES Heroes Rising Outdoors. I understand that in some cases (through donations) some of the expenses may be covered for the veteran.

I, \_\_\_\_\_ (Applicant name), understand that the AES Heroes Rising Outdoors program, or any groups/individual volunteers, are not responsible for any of the monies spent by the Applicant or guardian unless otherwise agreed upon at the time the application and tag transfer is completed for the hunt. Expenses are to be approved by and through the AES Heroes Rising Outdoors and its groups/individual volunteers.

**NOTE:** The Hunts for Heroes applicant must have a **valid Arizona hunting or combination license** on the date of tag transfer. It shall be unlawful for any person to obtain by fraud or misrepresentation a license to take wildlife. Such license fraudulently obtained shall be void from the date of issuance.

I certify that the above statements are true.

Applicant name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Application must be completed in full to be considered for the Heroes Rising Outdoors program.**

**Please call Heroes Rising Outdoors at 480-818-4665 before mailing this application**

Mail completed application to:

Arizona Elk Society's Heroes Rising Outdoors

7773 W. Golden Ln.

Peoria, AZ 85345

ARIZONA ELK SOCIETY  
**HEROES  
RISING**  
 **OUTDOORS**

Medical Doctor Page

\_\_\_\_\_ (Print Doctor's Name)

It is my professional opinion that \_\_\_\_\_  
(Print Applicants Name)

meets the qualifications to participate with the Arizona Elk Society's Heroes Rising Outdoors program.

(Please note that disability percentage is **NOT** used as a method to qualify for the program)

**Definition of qualification as per A.R.S. 17-332:** a veteran of the Armed Forces of the United States who has a service-connected disability.

For the purposes of this paragraph: **"disability" means a permanent physical impairment that substantially limits one or more major life activities requiring the assistance of another person or a mechanical device for physical mobility.**

Signature of Doctor \_\_\_\_\_ License # \_\_\_\_\_, on behalf of:

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Doctor's office phone number \_\_\_\_\_

Doctor's work email \_\_\_\_\_



LIABILITY WAIVER AND RELEASE for the ARIZONA ELK SOCIETY’S “HEROES RISING OUTDOORS” PROGRAM

This RELEASE of LIABILITY WAIVER is made as of \_\_\_/\_\_\_/\_\_\_, by and between \_\_\_\_\_ and Arizona Elk Society, an Arizona non-profit corporation.

I. Purpose

The Arizona Elk Society is an Internal Revenue Code Section 501(c)(3) Arizona non-profit corporation seeking to grant Arizona hunting opportunities to Disabled Veterans from Arizona. The Arizona Elk Society requires the execution of this comprehensive waiver as follows in accordance with the laws of the State of Arizona.

II. Release of All Claims & Liability

In consideration of my acceptance, participation and/or entry in the Heroes Rising Outdoors program, I release the Arizona Elk Society, its Board of Directors, employees, agents, volunteers and contracted workers who are affiliated or connected with the Hunts for Heroes program, from any and all liability, claims of bodily injury or illness and property damage that I sustain during my participation in the program. I understand that this waiver and release applies to myself, my personal helpers, traveling companions, heirs and assigns.

I represent that I am capable of participation in this program and acknowledge that by signing this release, I waive my right to seek compensation for bodily injury or damages, and that the foregoing is being relied upon by the Arizona Elk Society and the Heroes Rising Outdoors program in permitting me to participate. I acknowledge participation in the hunting and outdoor experience is a potentially hazardous activity that could result in injury or death. I assume all risks associated with this event and I will not enter and participate unless I am medically capable and in adequate good health to do so.

III. Photography & Media

I grant full permission to Arizona Elk Society to use my photographs, likeness, recordings, or any other records of this hunting and outdoor experience for any promotional purposes.

IV. Indemnity and Hold Harmless Agreement

Myself and my successors, heirs, and assigns hold harmless and indemnify Arizona Elk Society and its Board of Directors, employees, agents, volunteers and contracted workers who are affiliated or connected with the Hunts for Heroes program from any and all liability associated with any injuries or claim of any nature sustained in association with, or during the execution of the Heroes Rising Outdoors program. This indemnity and hold harmless agreement shall not apply to the sole negligence of Arizona Elk Society.

V. Execution

Participant Name (Please Print) Date Arizona Elk Society Representative Date

Participant Signature Arizona Elk Society Representative Signature