



MEDICAL APPLICATION

1. Personal Information

- **Full Name:** _____
- **Date of Birth:** _____ **Age:** _____
- **Gender:** ☐ Male ☐ Female ☐ Other
- **Address:** _____
- **City:** _____ **State:** _____ **ZIP:** _____
- **Phone Number:** _____
- **Email Address:** _____

2. Emergency Contact Information

- **Full Name:** _____
- **Relationship to Applicant:** _____
- **Phone Number:** _____
- **Alternate Phone Number:** _____

3. Cancer Diagnosis and Treatment Information

- **Type of Cancer:** _____
- **Current Status:** ☐ Under Treatment ☐ In Remission ☐ Other (please specify):

- **Date of Diagnosis:** _____
- **Are you currently receiving treatment?** ☐ Yes ☐ No

If yes, please specify type of treatment (e.g., chemotherapy, radiation, medication):

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- Please provide physicians name and contact information:

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- Are there any physical limitations due to your condition/treatment? ☐ Yes ☐ No

If yes, please explain

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- Do you require any accommodations or assistance during the trip? ☐ Yes ☐ No

If yes, please specify:

4. Medical Information

- Do you have any allergies (e.g., food, medication, insect bites)? ☐ Yes ☐ No

If yes, please list:

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- Do you have any medical devices (e.g., oxygen, mobility aids)? ☐ Yes ☐ No

If yes, please specify:

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- Are you able to walk or navigate outdoor terrain? ☐ Yes ☐ No

If no, please describe your mobility needs:

**All applicants will need to provide docuemntation of medical fitness signed by their medical provider prior to hunt date.*

5. Hunting Experience

- Have you hunted before? ☐ Yes ☐ No

- If yes, briefly describe your experience (e.g., type of hunting, locations, years of experience):

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- Do you have your own hunting equipment? ☐ Yes ☐ No

- If no, do you need equipment to be provided? ☐ Yes ☐ No If yes, please specify.

6. Goals and Interests

- **Why are you interested in participating in this guided hunting trip?**

- **What do you hope to gain from this experience (e.g., connection to nature, relaxation, personal achievement)?**

7. Permissions and Agreements

Initials: _____ I confirm that the information provided in this application is accurate to the best of my knowledge.

Initials: _____ I understand that this application does not guarantee selection for the hunting trip.

Initials: _____ I agree to complete and sign all required liability waivers prior to the trip.

8. Media Release (Optional)

Initials: _____ I grant permission for photos/videos of me to be used for promotional purposes.

I certify that the information provided is accurate and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Submission Information

Please submit the completed form by June 1, 2025 via:

- **Email:** Northernnevadaoutfitters@gmail.com
- **Online:** [insert website or submission link]

For questions or additional information, contact:

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