Fishing for Dinner Class Registration
Fitchburg & Madison – Winter 2020

Name ________________________________________________________________________

Address _______________________________________________________________________

City & Zip _______________________________________________________________________

Phones, including area code: #1) _______________________#2) _________________________

E-mail ________________________________________________________________________

Novice anglers, i.e. people with less than 2 years of fishing experience, are eligible for the Learn–to-Fish license waiver if they participate in both indoor sessions of this class prior to the fishing outing.

__I have a fishing license; the 9-digit customer number on my license is: ___________________

__I have more than 2 years fishing experience, but do not currently have a license. I will get one prior to the fishing outing and report my 9-digit customer number: _______________________

__I do not have a fishing license AND I have less than 2 years of fishing experience and was issued this 9-digit customer number for purposes of participating in the fishing outing with this class: __________________________. To get this number, visit the DNR’s website, http://dnr.wi.gov/GoWild/, or telephone the DNR at 1-888-936-7463 or drop in at a DNR office.

Dates, Times & Places:

Monday: January 27, 2020 6 p.m. to 9:00 p.m.
Tuesday: January 28, 2020, 6 p.m. to 9:00 p.m.
DNR Regional Headquarters in Fitchburg, 3911 Fish Hatchery Road
Saturdays: Fishing Outings – February 1 & 8, 9:00 a.m. – Noon*
We’ll meet at the Brittingham Boat House
*Longer if they’re biting!
Monday: Cook the catch & Potluck! February 3, 5:00 p.m. – 9:00 p.m.
West High Culinary Arts Room 1001

Registration Deadline: January 21, 2020. Please print, complete and mail with refundable commitment deposit to reserve your spot. Space is limited to 20; we will keep a waiting list beyond that number. If your plans change, please call to cancel by 2 p.m. on January 23 so that we may open your space to someone on the waiting list and return your deposit. Unclaimed deposits will be considered donations to the program.

__ To reserve my spot, I have enclosed a check for $15.00 made payable to the Department of Natural Resources with Angler Education/Fishing for Dinner written in the memo line. If I fail to attend without a proper cancellation notice, my deposit becomes a donation.

I have fishing gear ______ I need to borrow some ______ I have these dietary restrictions _________________

Sharing of Contact Information
I understand that one of the goals of this program is to help establish a community of anglers.
I approve of including my email address on a list to share with fellow participants of this class. _____Yes _____ No

Photo Release
__ I understand that photos and/or video may be taken by DNR staff at these classes. I hereby consent to the reproduction and use of my likeness by the State of Wisconsin, Department of Natural Resources in all manners, including advertising, display, exhibition and art purposes in perpetuity. I further consent to the use of my photograph or video featuring me by any nominee or designee of the state of Wisconsin, Department of Natural Resources including any publisher or agency, and such picture of me may be used for all the aforesaid purposes without any limitation or reservation. _____Yes _____ No

Mail to:  
Andrew Krismer, LE/8
Department of Natural Resources
P.O. Box 7921
Madison, WI 53707-7921

Walk-in Delivery:  
101 S. Webster
Madison

Questions? Contact:  
Theresa Stabo@Wisconsin.gov
608-577-6332
Andrew.Krismer@Wisconsin.gov
608-333-2057
Wisconsin Department of Natural Resources

Angler R3 Participation Agreement

In consideration of participating in the Wisconsin Department of Natural Resources’ Angler R3 Program, which include Fishing for Dinner and Angler Education programs, I, the undersigned, agree to the following:

1. I am aware of the risks inherent in the participation and use of equipment and the facilities associated with the Angler R3 Program.

2. I recognize the potential hazards associated with fishing, including but not limited to, exposure to changing weather conditions, seasonal elements, fish hooks, flying lures, water hazards, rocks, slippery banks, sharp fish teeth, spines on fins and gills, insect bites, travel hazards associated with vehicle and boat travel, actions of other participants, and consuming food prepared by others, including volunteer chefs or instructors, DNR staff, and fellow participants.

3. I hereby knowingly and expressly assume all risks of bodily injury, death, or property damage arising from participation in the Angler R3 Program and use of equipment.

4. I hereby agree to indemnify, save and hold harmless the Department of Natural Resources, its employees, officers, authorized agents, and Angler R3 Program volunteers from any legal claims, actions, suits, liabilities, demands, costs, causes of action, damages, expenses, attorney’s fees, losses and disputes of any nature whatsoever arising directly or indirectly from his or her participation in the Angler R3 Program.

5. I agree that waiver and indemnity is intended to be as broad and inclusive as permitted by the law of the State of Wisconsin. To the extent any portion of this agreement is held invalid, the balance of the agreement shall continue in full force and effect.

6. I, as the parent or guardian my child, assert that participation of my child in this program is voluntary, and I knowingly assume all such risks.

I have read this waiver of liability, assumption of risk, and indemnity agreement and fully understand its terms. I acknowledge that I am signing the agreement freely and voluntarily and that no representations, statements, or inducements apart from this agreement have been made.

________________________________ _______________________________ Date: ________________ Participant
Signature Participant Printed Name

Parent or Guardian (if the Participant is under 18 years of age or under a legal adult guardianship due to a disability):

I am the parent or legal guardian of the Participant. I have read, understand, and agree in full to the terms and conditions of this agreement. I give my child, ____________________________________________________, permission to participate in the Angler R3 Program

________________________________ _______________________________ Date: _________________ Parent/Guardian
Signature Parent/Guardian Printed Name