Fishing for Dinner Class Registration
Midwest Fisheries Center, USFWS – Onalaska, WI 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.

Locations: All sessions, except the fishing outings, will take place at the:
U.S. Fish & Wildlife Service, Midwest Fisheries Center 555 Lester Avenue, Onalaska

Dates & Times: Monday & Tuesday: February 19 & 20, 2020 6 p.m. - 9 p.m.
Satrurdays: Fishing Outings – February 22 & 29, 9 a.m. – Noon*
* Longer if they’re biting!
Sunday: Cook the catch & Potluck! February 23, 2 p.m. – 5 p.m.

Registration Deadline: February 10, 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:      Walk-in Delivery:      Questions? Contact:      Please sign on the line above and print below.
Andrew Krismer, LE/8                  101 S. Webster     Theresa.Stabo@Wisconsin.gov
Department of Natural Resources       Madison              608-577-6332
P.O. Box 7921                        Andrew.Krismer@Wisconsin.gov
Madison, WI 53707-7921

  Registration Deadline: February 10, 2020
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 of 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

DNR.WI.GOV