

Iowa Veterans Outdoor Experience 2026 Bow hunt November 5th - 9th

Participant Registration Form

(Incomplete forms will be thrown away)

Name: _____

Address:

City, State, and Zip:

Phone:

E-mail:

DOB:

Age:

Sex:

Emergency phone number & contact name:

****A check deposit of \$150.00 is required at the time of application filing. This is fully refundable once you arrive at the Friday orientation. Applications without the deposit will not be considered****

In order to accommodate your needs and to ensure that you have an enjoyable time at this event, we will need the following information. Provide as much detail as needed. Use back of sheet if necessary.

Have you participated in an IVOE hunt in the past 5 years? Yes No

What is your disability/VA rating?

Do you require the use of assistive devices? If so, please list:

Please list any allergies (food, latex, medication, etc.):

Will someone be assisting you during the hunt (care provider)?

Yes No

Do you need to borrow any equipment?

Yes No

Do you have a service animal that you will bring?

Yes No

If yes, type/breed:

Your Service - Where & When?

All hunts will be from ground blinds. No Exceptions.

All participants must carry a valid Iowa hunting license, habitat stamp, and deer tag(s).

Blinds will be placed on USACE land that is closed to public hunting along with private land.

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All participants must sign below (if under 18 or not own guardian - parent or legal guardian must also sign.) The applicant, by signing below, acknowledges this program involves some risk and he/she assumes responsibility for his/her actions and for any injury that may result from participation and also waives and releases all other participants, the host, sponsors, guides, landowners, volunteers, instructors, all entities, officials, and/or other parties involved in the event from all claims and/or damage/injury incurred in connection with this event. In addition, participant grants the sponsors and co-sponsors the unconditional right to use the name, voice, and photographic likeness of the person listed above, in regard to any of the publications and audio/video productions. In addition, participant grants the entities the right to send you email updates about future news, events and promotions.

****Violations of hunt rules will result in immediate expulsion. ****

____ / ____ / ____
Signature of Participant Print Name Date

****Please mail application & deposit to:**

Iowa Veterans Outdoor Experience
P.O. Box 133
Solon, Ia. 52333

