



Full Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Current Status (circle all that apply): Active / Reserve / National Guard / Retired / Wounded / Disabled

Are you permitted to own a weapon? Yes / No

For us to better prepare for your event attendance, please tell us about your combat injuries and any special conditions/limitations that we'd need to address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OATH, Inc. offers all different types of outdoors events. Of the events shown below, please circle those for which you'd like to be considered. In the OTHER section, if there's an event that you'd like to see us implement, please let us know !

- Whitetail Hunt / Elk Hunt / Exotic Hunt / Dove Hunt / Pheasant Hunt / Duck Hunt / Goose Hunt / Hog Hunt
- Squirrel Hunt / Raccoon Hunting / Rabbit Hunt / Prairie Dog Hunt / Predator Hunt / Camping Trip
- Wild Game Cookout / Fish Fry / BBQ / ATV Riding / Hiking / Horseback Riding / Saltwater Fishing (Offshore)
- Saltwater Fishing (Shallow) / Surf Fishing / Freshwater Fishing / Fly Fishing / Bow Fishing / Paintball / Golf
- Ragball / Softball / Clay Shooting

OTHER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For an emergency type situation where we need to contact someone on your behalf, we will need you to provide to us an Emergency Contact. This Emergency Contact does not have to be a family member, but it does need to be someone that we can reach out to on your behalf and have certainty that they'll be available.

Name : \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

-----

**ACTIVE DUTY PERSONNEL**

In order for us to ensure that you are fit for one of our events, we require that all Active Duty personnel obtain their Physician's approval for each event. This is to guarantee your safety and the safety of those around you. Failure to provide any of your Physician's information below will automatically disqualify your application.

**PHYSICIAN'S USE ONLY**

Sir or Ma'am,

As the attending Physician for this individual, do you release him or her to not only attend OATH, Inc. outdoors events, but to also handle a firearm?

Yes / No

\* Doctor's Name: \_\_\_\_\_ \* Doctor's Contact Number: \_\_\_\_\_

\* Doctor's Signature: \_\_\_\_\_ \* Date: \_\_\_\_\_

**\* REQUIRED FIELDS**

-----

**VETERAN CONFIRMATION**

I, \_\_\_\_\_, do confirm that the information provided on this Application is factual. Furthermore, I understand that if the information provided on this Application is found to not be factual, I will be permanently banned from all OATH, Inc. events.

\* Veteran's Name: \_\_\_\_\_

\* Veteran's Signature: \_\_\_\_\_

Facebook: <https://www.facebook.com/OATHInc>

Twitter: <https://twitter.com/OATHInc>