

Neighbour Courtesy Hunting Permit Application for Hunting

For your safety and protection of the environment, hunting is only permitted on designated ABCA conservation lands with a Hunting Permit. Your permit is valid for 12, 24, or 36 months from date of purchase.

Off-road vehicles are **NOT** permitted on ABCA properties.

HUNTING PERMIT provides access to **ONE** specific Tract (*see hunting map for properties*)

Individual permit Family permit

Hay Swamp Ausable Gorge Stephen Township Chapman Tract McGillivray Township

SUPER PERMIT provides access to **ALL** Tracts where hunting is permitted

Individual permit Family permit

RENEWAL TERM: 1 year \$ _____ 2 years \$ _____ 3 years \$ _____

HUNTING PERMIT APPLICATION FORM			
Name:			
Street Address:			
City/Town/Village:	Province:	Postal Code:	
Telephone:	(Cell):	(Home):	Email:
Licence Plate #:			
O.F.A.H. # or Insurance Policy #	Expiry Date:		
<i>Your Hunting Permit is not valid without an OFAH membership OR proof of \$2 million public liability insurance to hunt on ABCA property.</i>			
<i>For Office Use Only:</i> Pass #: _____ Issue date: _____ Expiry date: _____			

Visit <https://www.abca.ca> to download and print this two-page form and a hunting map.

Once application and permission agreement are completed, please sign and mail, email, fax or deliver to ABCA, 71108 Morrison Line, RR 3 Exeter, ON N0M 1S5. Your permit will be processed once payment is received.

Telephone: 519-235-2610; Toll-free 1-888-286-2610 or Fax: 519-235-1963 or info@abca.ca

Detailed mapping showing property boundaries is available free online at www.camaps.ca

Ausable Bayfield Conservation Authority Hunting Permission Agreement

The Ausable Bayfield Conservation Authority (ABCA) has authorized hunting as permitted activities on designated ABCA properties with the purchase of this ABCA Hunting Permit.

Permission for hunting on ABCA properties is subject to the following conditions.

I, _____, agree to the following conditions:
(Print name)

1. I will accept all responsibility for my actions on ABCA lands.
2. I will not hold the Ausable Bayfield Conservation Authority liable in the event of any accident or incident from any cause.
3. I have provided proof of a minimum of \$2 million public liability insurance (e.g. Ontario Federation of Anglers and Hunters, home insurance, gun club member).
4. I will comply with all hunting regulations made by the Province of Ontario, or any local authority and hunt in a safe manner.
5. I will comply with all ABCA regulations for activities on ABCA lands, including but not limited to:
 - a. I will not enter ABCA properties with any type of motorized vehicle beyond a parking area to hunt or retrieve game or for any other purpose.
 - b. I will only be present at ABCA properties during daylight hours.
 - c. Dogs will be kept on a leash and under control at all times.
 - d. I will not act in collusion with anyone on ABCA land or adjacent private land who does not have an ABCA Hunting Permit.
 - e. I will not destroy or damage any trees, trails or buildings on ABCA property.
6. I agree that any tree stand will be removed at the end of each day. The stand will not be attached to the tree by any method that penetrates the tree. The ABCA has the authority to remove and retain any tree stand that is not in compliance.
7. I am aware that I may be charged under the *Trespass to Property Act* or *Conservation Authorities Act* if I am not in compliance in the conditions of this Hunting Permit.
8. I agree that the ABCA has the right to withdraw my Hunting Permit if I am not in compliance with the conditions of this Permit.
9. I agree that by signing this document, that I acknowledge my understanding of the conditions and my commitment to follow these conditions.

ABCA Staff Signature

Hunting Permit Holder Signature

ABCA Hunting Permit #

Name (Please Print)

Form #400-002-Neighbour (2022)

When renewing my pass, I certify that all information on this application form remains the same except for:

Date	New Permit # and Expiry Date	Liability Insurance / OFAH expiry date	Applicant Signature	ABCA Staff Initials

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