



GONE FISHING TOURNAMENT

23rd Annual PVA/Firefighters
Joel Niemeyer Memorial
“Gone Fishing” Tournament
Chamberlain, South Dakota
May 21st-22nd, 2026



PVA North Central Chapter
209 N. Garfield Ave.
Sioux Falls, SD 57104
(605) 336-0494



The PVA North Central Chapter/Firefighters are pleased to announce the 23rd Annual PVA/Firefighters Joel Niemeyer Memorial "Gone Fishing" Walleye Event in Chamberlain/Oacoma, SD on May 21st-22nd, 2026.

This Tournament will be limited to 32 disabled anglers. This is a fun, non-competitive event!

PVA North Central Chapter will cover the cost of lodging on the night of Thursday, May 21st for the PVA members, disabled anglers, Firefighters and volunteers who would like to participate in this event. Any additional nights you wish to stay as well as incidentals will be at your own expense.

Fishing License:

All participants must have a valid South Dakota Fishing License. Anglers must abide by all South Dakota Game Fish and Parks rules and regulations.

Lodging:

Room reservations will be coordinated through the chapter office. Do not call to make your own reservations. The official event hotel is Arrowwood Cedar Shore Resort. Reservation deadline for lodging is April 24th, 2026.

Meals:

Sack lunches and snacks, along with pop and bottled water, will be provided in the boats on Thursday & Friday. A group dinner will be held at the Oacoma Community Center Thursday evening, at 6:30 p.m. **Please join us for a group breakfast on Friday morning from 7:00–8:30 a.m. at Al's Oasis (1000 E South Dakota, W Hwy 16, Oacoma, SD 57365).**

The PVA is happy to provide one breakfast entrée and coffee for each attendee. Any additional food or beverages will be at the individual's expense. Breakfast options:

- Porker: Two eggs, hashbrowns, and a choice of bacon, sausage links, or ham
- Ham & Cheese Omelet: Includes hashbrowns and choice of toast

Equipment:

Everyone is encouraged to bring their own tackle and necessary gear, including foul weather clothing. Live bait will be available for boat captains on both days.

Partner pairing will be made Thursday morning. NO ALCOHOLIC BEVERAGES will be allowed in the boats.

You are encouraged to bring a cooler to bring home any fish you may want to keep.

Please complete the enclosed registration and waiver forms and return to

**PVA North Central Chapter
209 N. Garfield Ave.
Sioux Falls, SD 57104**

**** If selected, a letter will be sent to you to in the mail to confirm your participation. If you do not receive a confirmation letter, the event is full, and you will be put on a standby list. ****

TENTATIVE AGENDA:

Thursday May 21st

9:00 a.m.-11:00 a.m.: Load Boats
11:00 a.m.- 5:00 p.m.: Time to Fish
4:30p.m.-5:00 p.m.: Return to docking area
6:30p.m.: Group dinner @ Oacoma Community Center

Friday, May 22nd

7:00 a.m.-8:30a.m.: Breakfast @Al's Oasis
8:30 a.m.: Load Boats/Time to Fish
3:00 p.m.-4:00 p.m.: Return to docking area
4:00 p.m. - 4:30 p.m.: Wrap Up/travel home

Any questions can be directed to Terry or Tracey at the Chapter office (605) 336-0494.

**23rd Annual PVA/Firefighters
Joel Niemeyer Memorial "Gone Fishing" Event APPLICATION**

The Paralyzed Veterans of America North Central Chapter/Firefighters are hosting the 23rd Annual Walleye Fishing Event in Chamberlain, SD on May 21st-22nd, 2026. There is no entry fee for Firefighters/Volunteers, PVA North Central Chapter members and disabled anglers who would like to participate in this event. This event will be limited to 32 disabled anglers. All participants must have a valid South Dakota Fishing License.

Name _____ Phone Number () _____

Address _____

City _____ State _____ Zip _____

Email _____

Emergency Contact Name _____ Phone () _____

I will be rooming with _____

Application Questions:

BOAT CREW:

Are you a boat captain? Yes _____ No _____ If yes, who is your boat mate? _____

Are you a boat mate? Yes _____ No _____ If yes, who is your captain? _____

VETERANS:

Are you a VETERAN? Yes _____ No _____

If you are a Veteran, do you have a preferred boat captain? Yes _____ No _____ If yes, who? _____

Will a caregiver accompany you on the boat? Yes _____ No _____ If yes, who? _____

Please Specify what size shirt you need (circle one): 4x 3x 2x XL L M S

We will have rooms reserved **only** at the Arrowwood Cedar Shore Resort. Additional rooms will be at the AmericInn. The PVA North Central Chapter will cover the cost of Thursday, May 21st only. **Any Additional nights you wish to stay will be at your own expense.**

Lodging: Please indicate below the nights you plan on staying. **Please do not contact the hotel to make your reservations as we will take care of this.** We have a limited number of wheelchair accessible rooms available. Please be mindful when making your selection below. A confirmation letter will be sent to you with your hotel information.

I will need a room for the night(s) of:

___ Wednesday, May 20th (individuals pay)

___ Thursday, May 21st (PVA pays)

Check One:

_____ Wheelchair Accessible Double Bed

_____ Double Bed

Partner paring will be made Thursday morning.

Return applications to PVA North Central Chapter, 209 N. Garfield Ave., Sioux Falls, SD 57104 or for more information call the Chapter office at (605) 336-0494.

Complete Waiver on Reverse Side

**THIS IS A LIMITED PARTICIPANT EVENT. THOSE SELECTED WILL BE NOTIFIED TO ATTEND
AND OTHERS NOT SELECTED WILL BE SENT A WAITLIST LETTER.**

Waiver and Release of Liability and Publicity Release
2026 PVA/Firefighters Fishing Tournament
Read Below Before Signing

In consideration of being allowed to participate in the above-named tournament, related events and activities, the undersigned acknowledges, appreciates and agrees as follows:

I, _____ hereby release, hold harmless, and forever discharge the Paralyzed Veterans of America North Central Chapter (PVANCC), National PVA, SD Game, Fish & Parks (SD GF&P), Firefighters, Sioux Falls Fire Rescue, all of their officers, directors, members, agents, and/or all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or any property belonging to me, whether arising from the negligence of any of the RELEASEES, or otherwise, while participating in the above named tournament.

The risk of injury from the activities involved in this tournament could be significant, including the potential for serious bodily injury, including death, and property damage. I am fully aware of the risks and hazards associated with participating in this activity and I voluntarily, without any inducement, elect to participate in the activity. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, AND ASSUME FULL RESPONSIBILITY FOR ANY PROPERTY DAMAGE, OR ANY PERSONAL INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME OR ANY LOSS OR DAMAGE TO PROPERTY OWNED BY ME AS A RESULT OF BEING ENGAGED IN SUCH ACTIVITY.

I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual, significant hazard during my presence or participation, I will remove myself from participating and bring such to the attention of the nearest official immediately.

I hear by consent to medical treatment in the case of emergency. I agree to assume full responsibility for payment of any and all fees incurred as a result of such medical treatment.

This release and hold harmless agreement are binding on myself, my heirs, assigns, personal representatives, administrators, and next of kin.

I hear by voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me by, or on behalf of NCCPVA, National PVA, and SD GF&P during the above-named tournament. I authorize NCCPVA, National PVA < SD GF&P to publicize and/or display such photographs and recording, or to provide such photographs and records to others of their choosing for display, without notice, or payment of any royalty, fee or other compensation of any character to me for the use of my picture and/or voice.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature _____

Date _____

Printed Name _____

For Participants Under the Age of 18

This is to certify that I, _____ the undersigned, am the _____ (parent and natural guardian or legal guardian) of _____.

I acknowledge that I have read and understand the above document and am fully aware of the legal consequences of signing this instrument. I hear by represent that I am, in fact, acting in such capacity and agree to save and hold harmless and indemnify each of the above RELEASEES from any and all liability, loss, cost, claim or damage whatsoever (including reasonable attorney's fees) that may be imposed upon them because of any defect in or lack of such capacity to so act, on behalf of my child's release as provided above of all the RELEASEES, and for myself, my heirs, assigns, personal representatives and next of kin. I release and agree to indemnify and hold harmless the RELEASEES from any and all liabilities incident to my minor child's involvement or participation in this tournament as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

I here by give permission for the staff of the RELEASEES to seek, during the period of the program, emergency medical attention for my child, and for the medical attention to be given in the event of accident, injury or illness. I agree to bear the full responsibility for the cost of such care.

Parent/Guardian Signature _____

Date _____

Emergency Telephone Number _____

Child's Date of Birth _____

Child's Insurance Co. _____

Policy No. _____