



Disabled Veterans Outdoors

Our way of saying "THANK YOU"

Event applying for? (A separate application is required for each event)

Email _____ Phone Number _____

First Name _____ Last Name _____

Street Address _____

City _____ County _____ State _____ Zip _____

Tshirt size _____ Age _____ Birthdate _____ Branch _____ Rank/Rate _____

Did you serve during a time of active conflict? If Yes, which one? _____

Is this your first DVO event? Y / N If Yes, please bring your VA ID Card or DD214 and a Dr.s note with you. If No, Which event did you last attend. _____

Will you need to borrow equipment from us? If so, what? _____

Do you have experience in this activity? If so, give a brief description. _____

Can you get to the event? (DVO doesn't provide travel) Y / N

Can you obtain the licenses/tags necessary? Y / N

Emergency Contact Please provide the following information so we can provide the best care in case of a medical emergency. Your Medical conditions and needs will be kept confidential and you may refuse to answer.

Emergency Contact Name _____ Cell Phone # _____

Home/Work Phone # _____ Relationship to you _____

Primary Care Doctor _____ PCP Phone Number _____

Do you have a certified caregiver that will be attending the event with you? Y / N If so, enter their name. We will lodge and feed them, but they will not participate in the event. You must provide a copy of the certification. _____ Phone Number _____

Do you have a service Dog that will be attending with you? (A service dog is legally defined as any dog that is **individually trained to do work or perform tasks for the benefit of an individual with a disability**. This includes a wide range of tasks such as guiding the blind, alerting the deaf, pulling a wheelchair, or calming an individual with PTSD during an anxiety attack. Service animals are working animals, not pets, and their work must be directly related to their handler's disability.) **Emotional support animals do not qualify**. You will be asked to show proof. And they must wear their vest. Y / N

Optional. Please tell us our animals alert and the condition they alert to so we can better assist you in an emergency. If the alert means you need medication tell us where you keep it and

dosage. If the alert means you need to be taken to the nearest hospital, tell us.

Legal This section includes the photo/video release, the liability waiver, the code of conduct you will be expected to follow, and your signature. You may opt out of the photo release, agreeing to the liability and code of conduct is required to participate in DVO events..

I hereby grant permission to Disabled Veterans Outdoors (DVO) to use any photographs or videos taken of my participation in this event or activity for publication, press release, or other communication online to aid in the furtherance of their mission. Y / N

I completely understand that participation in the above event or activity could include actions or tasks which might be hazardous and could result in harm, injury, or accidental death to myself. I acknowledge these facts and agree to release the Disabled Veterans Outdoors (DVO), as well as its staff, insurers, volunteers, participants, sponsors, businesses and their employees, and/or property locations named above from all losses, liabilities, costs, expenses (including attorney fees), demands, damages, claims, actions and causes of action, in law or equity, relating in any way to, or arising out of my participation in the above named event or activity. Further, I grant full permission to seek any necessary emergency medical treatment on my behalf and agree to accept financial responsibility for the cost related to the same - also indicated by my voluntary signature on this waiver of liability below. **(Unwillingness to consent to waiver will disqualify applicant from this event.)** Y / N

Code of Conduct/Rules: You will be responsible for following the rules below. Violations can lead to being asked to leave, suspension from other DVO events, or complete denial of services at the board's discretion. I hereby agree to the following:

1. I will treat Staff, Volunteers, fellow veterans with respect.
2. I will not use violence/or threats of violence.
3. I understand and agree sexual harassment, or discrimination based on someone's race, color, religion, or sexual orientation is not permitted.
4. I will not damage equipment or property of others. (You will be held financially responsible.)
5. I will notify DVO immediately if unable to attend an event.
6. I will return all DVO equipment after the event.
7. If asked to leave an event, I will do so quickly and quietly without causing further issues.
8. I will keep the noise down after 10pm.
9. I will not arrive at an event under the influence of drugs/alcohol.
10. I will not drink or use drugs in Blinds/Boats.
11. I will follow land/boat owners rules.
12. I will follow all instructions from guides/DVO staff. (ie. stay in blinds until told to come out)
13. I will not steal.
14. I will not sell, possess, purchase, or use illegal drugs at a DVO event.

15. I will not attempt to get personal permission to use properties/locations used during DVO events.
16. I will follow all Federal and State Fish and Game Regulations.

Failure to agree to follow the DVO Code of Conduct will disqualify you from this event.

Y / N

Send your Application by email to : main@disabledveteransoutdoors.org By mail:

Disabled Veterans Outdoors
Event Applications
PO Box 2
New Lexington, OH 43764

What to expect after you submit my application. All applications have an open and close date. Any application received before or after these dates will be discarded. After the close date, allow 2 weeks for the selection and notification process. Participants are chosen by random number generator, however; DVO retains the right to give preference to older veterans, veterans new to our program, or to veterans who have not been on a particular event before.

Signature _____ Date _____

