



Disabled Veterans Outdoors

Our way of saying "THANK YOU"

Event You are applying for: _____

Date: _____

Name: _____

Address: _____

City: _____ State _____ Zip code _____ Shirt size _____

Phone Number _____ Email _____

Age _____ DOB ____/____/____

Branch _____ Rank _____ Serve During Conflict? Y/N Which one? _____

Emergency Contact _____ Phone Number _____

Certified Caregiver _____ Phone Number _____ (If Attending Event)

Circle all that apply: Mobility Impaired / Blind / Deaf / Speech Impaired

List any Medical Equipment you use and or needs during the event (special diet, CPAP, wheelchair, etc.)

Is this your first event with us? Yes/No Last event you attended? _____

Can you get to the event? Yes/No Will you have License/Tags required? Yes/No

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 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 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, posses, 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.

Please Send (Only for your first event with us or if you got or changed Caregiver since your last event)
DD214 / Dr. Note, Rating Letter, Or VA ID / Caregiver Certificate.

Signed _____ Date _____

Send to

veterancoordinator@disabledveteransoutdoors.org

65 East Market St.
Marshallville, Ohio 44645
(330) 234-6167