

Texas Elks Veterans Retreat Registration

April 30-May 2,2027___ Has Transportation: Yes_____ No_____ Elk: Yes___No___

Texas Elks Camp on Texoma
418 Staon Way, Pottsboro,Tx 75076

PLEASE PRINT CLEARLY

*****T-Shirt Size (Circle One) Small- Medium- Large- Extra Large- XX Large- XXXLarge-XXXXLarge *****

- **Veterans Information**
- Veterans Name * First _____ Last _____
- Birth Date * Month _____ Day _____ Year _____
- Branch of Service *: _____
- Address *
- _____

  Apt number (Additional Information) _____

  City _____ State____ Zip Code _____
- Phone Number _ (_____) _____
- E-mail _____
- **Personal Information**
- Gender * Male Female (Circle One)
- Brief Narrative of the Veterans service:
- _____
- _____
- _____
- _____
- Hobbies:

- _____
- _____

Emergency Information

- Emergency Contact's Name *
- First _____ Last _____
- Relationship * _____
- Phone Number * _ (____) _____
- Alt. Phone Number _ (____) _____

Medical Information

- Does the Veteran have any **allergies/Dietary Restrictions** (Food or otherwise), chronic illness, or medical conditions? If yes, please describe. *
- _____
- _____
- _____
- If the Veteran takes medication, are you able to self-medicate Yes_____ No____ If no, what kind of assistance do you require?
- _____
- _____
- _____
- Does the Veteran have any specific needs (such as wheel chair access or Service Dog)? If yes, please describe the need. *
- _____
- _____
- _____

Elk Sponsor Information

- Sponsoring Lodge/Lodge Member * Please provide a contact person's Name and Number.
- _____

Informed Consent and Acknowledgement

I hereby give my approval for my participation in any and all activities prepared by the Texas Elks State Association during the Veterans Retreat. In exchange for the acceptance of said veteran's candidacy by the Texas Elks State Association, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless the Texas Elks State Association, Texas Elks Children's Services, Inc., and all their respective officers, agents, and representatives from any and all liability for injuries to said veteran arising out of traveling to, participating in, or returning from the retreat.

In case of injury to said veteran, I hereby waive all claims against the Texas Elks State Association, Texas Elks Children's Services, Inc, including all volunteers and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event.

Medical Release and Authorization and Beverage Consent

I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the veteran's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named veteran. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact the appropriate emergency contact or facility in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach the veteran.

Permission is also granted to the Texas Elks State Association and its affiliates including Directors and volunteers to provide the needed emergency treatment prior to the veteran's admission to the medical facility.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named veteran.

Special Note: You may bring your Adult Beverage of choice in moderation. Please drink and act responsibly. **We do reserve the right to remove all Adult Beverages should we deem your behavior to be unacceptable.**

Printed Name_____

Signature _____

Date _____

Return application to Nikki Green TESA Veterans Chair at larrynikkigreen@yahoo.com