

Veteran Retreat Volunteer Application

**Dates: Oct 2, – 4, 2026 at Texas Elks Children Services Inc
1963 FM 1586, Gonzales, Tx 78629
(Please print clearly)**

Name: _____

Phone: _____ E-mail: _____

Lodge Name and Number: _____

Allergies(food or otherwise) and or Dietary Restriction:

T-Shirt size: (circle one) Medium Large XL 2XL 3XL 4XL

• **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

There will be a cost of \$10 per night for housing.

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.**

Please note that volunteers will be staying in shared sleeping quarters.