



**VetsRoll, Inc®
Veteran/‘Rosie’
Application**

- **Active duty 12/31/66 or earlier***
 - **First preference given to those who served 1953 or earlier.**
- *Honorably discharged w/DD-214

Sunday, May 17th - Wednesday, May 20th, 2020

Please send your completed application to:

Mail: VetsRoll, Inc
1777 Gardner St
South Beloit, IL 61080

Phone: 815-389-9630 (M-Sa)
Fax: 815-389-9631
E-mail: Mark@VetsRoll.org

PLEASE NOTE: To be considered for the 2020 trip, this form MUST be submitted, in entirety, NO later than March 1st, 2020!!

To be considered for the trip, you must complete the entire application. Incomplete applications will not be accepted. Please be sure to sign the application where indicated and **print legibly**. **Transportation to and from Beloit, WI is your responsibility**; but we will gladly assist your planning and we have blocked special VetsRoll hotel rates in the Beloit area. Details at a later date.

You must be present on registration day, Saturday, May 16th, 2020!

Your full name as it appears on your driver’s license or state ID:

First: _____ Middle: _____ Last: _____

Nickname: _____ Date of Birth: ____/____/____ Gender: Male / Female

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: (H) (____) _____ (C) (____) _____

Email: _____

Shirt size (Please Circle): Small Medium Large X-Large 2XL 3XL 4XL 5XL

Service History* (*1953 & previous are given first priority...applicants do NOT need to be a combat Veteran)

Years Served in the military? 19____ thru 19____ Honorably Discharged? Yes____ No____ Attained Rank: _____

Do you have a copy of your DD-214? Yes____ No____ Service Branch (or Civilian Duties): _____

Battle theater (if applicable), service citations, ‘Rosie’ information (if applicable) & activities during service: _____

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VetsRoll, Inc® COVENANT NOT TO SUE AND AGREEMENT TO HOLD HARMLESS

1. For receiving permission to voluntarily board and participate with VetsRoll, Inc.® onboard the Charter Bus(es), which are chartered by VetsRoll, Inc.®, I (participant) _____, hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS, for any and all purposes, VetsRoll, Inc.® and their officers, directors, agents, volunteers, or charter employees FROM ANY & ALL liabilities, claims, demands, or injury (including death) that may be sustained by me as a result of my boarding the VetsRoll, Inc.® Charter Bus(es) and/or my participation in any activities related to such trip while aboard and associated with the activities of VetsRoll, Inc.® and the Charter Bus(es), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

2. I am fully aware that there are inherent risks involved in boarding the VetsRoll, Inc.® Charter Bus(es) and/or participating in any activities associated with the VetsRoll, Inc.® trip, including but not limited to loss of balance, falling whether or not while onboard, nausea, cuts, broken bones and death and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY (INCLUDING DEATH) that may be sustained during or as a result of my boarding the VetsRoll, Inc.® Charter Bus(es) and/or participation in any activities aboard the VetsRoll, Inc.® Charter Bus(es), WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS the Releases for any loss, liability, damage, or costs, including court costs and attorney(s) fees, that may occur as a result of my boarding and participation in same.

3. I understand that VetsRoll, Inc.® does not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

4. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Wisconsin.

5. I authorize designated representatives of VetsRoll, Inc.®, its medical personnel and/or trip affiliates to take appropriate action deemed necessary in the event of an emergency, during my participation in related activities, and agree to indemnify and hold harmless the same, against any and all claim(s) arising out of said care.

6. I understand that as a participant of VetsRoll, Inc.® trip and program I am forbidden to carry any weapons, ammunition, or firearms for the duration of the trip.

7. Videographer(s) and/or photographer(s) have my permission to use my image or likeness in any public format (video, media, website, literature, etc.) for promotion of the VetsRoll, Inc.® trip and program. I hereby waive any rights I may have of ownership or any compensation (financial or otherwise) and agree all use of my likeness in conjunction with VetsRoll, Inc.® will remain the property of VetsRoll, Inc.®, dba VetsRoll.org.

8. In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read the foregoing Covenant Not to Sue and Agreement to Hold Harmless, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate, and complete consideration fully intending to be bound by the same, now and in the future.

Participant Signature: _____

Date: _____

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DO YOU HAVE A FRIEND WHO IS AN ELIGIBLE VETERAN, 'ROSIE', or ASSISTANT?

If you know an eligible Veteran, 'Rosie' or Assistant that you would like to travel with, please write their name and number below and we will try, **but cannot guarantee**, to pair you together. **Be sure they complete the appropriate application as well!**

Remember, spouses are not eligible for the trip, unless they are also an eligible Veteran or 'Rosie-the-Riveter'.

Friend's Name: _____ Phone: (_____) _____ Veteran/Assistant
Friend's Name: _____ Phone: (_____) _____ Veteran/Assistant
Friend's Name: _____ Phone: (_____) _____ Veteran/Assistant

Emergency Contact Information

In the event of an emergency (medical or otherwise), **we need to have two emergency contacts for each participant. One of the contacts must be someone who does not live at the same address as you.**

First Contact

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (H) (_____) _____ (C) (_____) _____
Email (If known): _____

Second Contact

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (H) (_____) _____ (C) _____
(_____) _____
Email (If known): _____

Important Information

- 1) VetsRoll, Inc® is proud to provide this trip at no cost to you, as an eligible Veteran or 'Rosie-the-Riveter', so that you will be able to finally enjoy visiting YOUR Memorials. Without your sacrifices, the world may very well not enjoy the freedom that it enjoys today!!
- 2) Our journey to Washington, DC will involve travel segments of approximately 3-1/2 to 4 hours. We will make regular stops to allow you to stretch, snack and use the restrooms. Please do not move about the vehicle while in motion. Not all seats are equipped with seatbelts and you accept any and all potential risks by occupying those seats.
- 3) While we will certainly make every attempt to make the trip as enjoyable and non-tiring as possible, we ask that you understand delays and poor weather are always a possibility.
- 4) I further understand and agree that my participation with VetsRoll, Inc® is strictly voluntary and that I will NOT receive any financial compensation for my participation.
- 5) VetsRoll, Inc® may wish to share your name and phone number with the media and/or fellow travelers, for inquiries about the trip or your service. Do you grant permission for your information to be shared? Yes _____ No _____

Participant's Signature: _____ **Date:** _____

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VetsRoll, Inc® Medical Information (Page 1 of 2)

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Emergency Contact Name: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Physician's Name: _____ Facility: _____ City: _____ State: _____

Phone Number: _____ After Hours Phone Number: _____

Medical History (please check all that apply):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Alzheimer's disease | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Cardiac disease | <input type="checkbox"/> CHF | <input type="checkbox"/> COPD | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Gastrointestinal |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Liver failure |
| <input type="checkbox"/> Psychological | <input type="checkbox"/> Pulmonary Edema | <input type="checkbox"/> Renal failure | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Smoker | <input type="checkbox"/> Stroke/CVA/TIA | <input type="checkbox"/> TB | <input type="checkbox"/> Thyroid |

Current Medications:

Food or Drug Allergies:

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VetsRoll, Inc® Medical Information (Page 2 of 2)

Do you use mobility equipment? Yes No *If yes*, what type(s)? Cane(s) Walker Wheelchair

➤ Note: power/electric wheelchairs or scooters are not allowed on the trip.

Do you use oxygen? Yes No *If yes*, what is your liter flow and frequency of use? _____

Do you use any of the following? Nebulizer CPAP BiPap

➤ **If yes, please remember to bring your equipment with you for the trip.** You need to make arrangements with your oxygen provider to bring a concentrator with you, either a portable unit or your home concentrator.

Are you able to walk at least 200 feet without assistance? Yes No

If no, please describe why you cannot: _____

Do you require assistance with your activities of daily living? Yes No

If yes, I require assistance with: bathing dressing eating getting in/out of bed

Do you use a colostomy or urostomy bag? Yes No **If so, do you need assistance in caring for it?** Yes No

Please describe any other personal daily needs you may have:

Do you require a handicap accessible hotel room or any other such accommodations? Yes No

If yes, please describe your needs. Please note, we may not be able to honor all requests due to availability at hotels.

Are you able to lay flat to sleep on a bed? Yes No

If not, please describe your needs: _____

Are you able to transfer yourself from a wheelchair to a chair, bed or toilet? Yes No

Do you use hearing aids? Yes No *If yes*, please bring extra batteries with you.

Do you use a Glucometer? Yes No *If yes*, please remember to bring it with you.

Do you have a Pacemaker? Yes No

Do suffer from motion sickness while riding? Yes No Occasionally

If yes, VetsRoll, Inc® requires your physician to provide medications or approval to travel.

Do you have any special dietary needs that VetsRoll, Inc® should be aware of? Yes No

If yes, please explain:

Participant's Signature: _____ Date: _____

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