



**VetsRoll, Inc®  
Veteran/ 'Rosie'  
Application**

- **Active duty 12/31/69 or earlier\***
- **First preference given to those age 85+ as of March 15, 2026.**  
\*Honorably discharged w/DD-214

**Sunday, May 17th - Wednesday, May 20th, 2026**

**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](mailto:Mark@VetsRoll.org)

**IMPORTANT NOTE: VetsRoll 2026 selections require a signed COVID Acknowledgement and Assumption of Risk Release**

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) ( ) \_\_\_\_\_

Active Email Address (**Required**): \_\_\_\_\_

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

**Service History\* (\*Veterans/Rosies 85+ as of March 15, 2026, receive first priority...you 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 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 Releasees for any loss, liability, damage, or costs, including court costs and attorney(s) fees, which 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.

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**COVID ACKNOWLEDGMENT AND ASSUMPTION OF RISK RELEASE**

I hereby acknowledge being aware of the COVID-19 pandemic, including the spread of coronavirus (the virus causing COVID-19) across the United States. In addition, I acknowledge being aware that some individuals have developed severe illness from COVID-19 and that some individuals have died as a result.

I hereby acknowledge that there are certain risks inherent with any travel with respect to potential exposures to and/or contraction of infectious diseases such as coronaviruses, including the recent COVID-19 virus and disease, as well as others, such as the Middle East Respiratory Syndrome (“MERS”) and Severe Acute Respiratory Syndrome (“SARS”) (collectively, “infectious diseases”).

I understand that by participating in a VetsRoll, Inc® program, including, but not limited to, a trip to Dayton, OH and to Washington, DC and surrounding areas as specified herein (“Trip”), I may need to travel by bus for extended periods of time and that I will likely be present in crowded places including non-private areas accessible to and visited by many other members of the public.

I hereby further acknowledge that while the risk of exposure to and/or contraction of infectious diseases, such as COVID-19, can be mitigated to some extent, all risk cannot be prevented.

Therefore, I hereby assume those risks of exposure to and/or contraction of infectious diseases which are beyond the control of VetsRoll, Inc®, including their respective board members, directors, officers, employees, agents, affiliates, independent contractors and representatives (collectively, the “VetsRoll experience”).

For the sake of clarity, I understand and agree that by assuming such risks, I am expressly releasing any and all claims against VetsRoll, Inc® associated with exposure to and/or contraction of infectious diseases during or after the Trip, including, but not limited to negligence claims against VetsRoll, Inc®.

I acknowledge that VetsRoll, Inc® does not have any particular expertise in dealing with infectious diseases such as COVID-19.

I acknowledge that I am participating on the Trip of my own free will, having been offered the opportunity to postpone my travel until the COVID-19 situation in the United States—especially in Dayton, OH and Washington, DC and surrounding areas such as Arlington, Virginia—is better understood and controlled.

Finally, I agree that VetsRoll, Inc® shall not be financially responsible for any medical bills or unexpected expenses that I may incur during the Trip, for example due to emergency or other medical treatment or any quarantine that may be required of me in connection with the Trip.

I acknowledge VetsRoll, Inc® is willing to discuss the foregoing with me and attempt to address any concerns I may request prior to my signing this document and that I have agreed to the foregoing conditions in consideration for the opportunity to promptly make the Trip.

**Please send your completed application to:  
VetsRoll, Inc 1777 Gardner St. South Beloit, IL 61080**

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_

**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 application on the same date, as well!**

**Remember, significant others 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 (**Required**): \_\_\_\_\_

#### 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 \_\_\_\_\_

**Please send your completed application to:**

**VetsRoll, Inc 1777 Gardner St. South Beloit, IL 61080**

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F

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"/> 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"/> Dialysis*       | <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          |
| <input type="checkbox"/> COVID-19 Vaccinated/Booster(s): Yes ___ No ___ Do Not Wish to Disclose ___ |  |  |   |

**Current Medications:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Are you on dialysis for kidney problems? \_\_\_ Yes \_\_\_ No If yes, describe type and frequency: \_\_\_\_\_

\*\*If you have a history of seizures, please describe (i.e. grand mal; petit mal; focal, etc.): \_\_\_\_\_

**PLEASE NOTE: If you have experienced seizure activity within the past five years, we urge you to discuss this trip with your physician.**

**Food or Drug Allergies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**VetsRoll, Inc® Medical Information** (Medical 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 two hundred 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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