



<h1>VetsRoll.org</h1> <p>**VETERAN/'ROSIE' Application</p>	<p>**WWII Veterans, "Rosie-The-Riveters" & Veterans through 1963 (active duty by 12/31/63 & honorably discharged DD214).</p>
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Sunday, May 21st - Wednesday, May 24th, 2017

<p>Mail to: VetsRoll.org 1777 Gardner Street South Beloit, IL 61080</p>	<p>• OR •</p>	<p>Fax to: 815-389-9631 E-mail: Mark@vetsroll.org</p>
<p>Please submit all five pages of this form with required signature(s) as soon as possible For additional information please call: 815-389-9630 (Mon-Sat) or 608-207-8319 (Mark)</p> <p>IMPORTANT NOTE: It is your responsibility to confirm we have received your application!!!</p>		

YOUR NAME: (First) _____ (M) _____ (Last) _____
(Please list your full name as it appears on your driver's license or government ID)

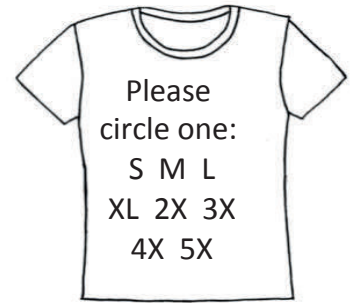
NICKNAME: _____ GENDER: M F Date of Birth: ____/____/____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (H) _____ (Cell) _____

E-Mail: _____



Years served in the military? 19 ____ thru 19 ____ Honorably Discharged with a DD-214? Yes ____ No ____

Attained Rank _____ Branch of Service (or Civilian Duties): _____

Battle Theater (if applicable), service citations, 'Rosie' info (if applicable) & activities during service: _____

<p>DO YOU HAVE AN ELIGIBLE VETERAN/'ROSIE' FRIEND?</p> <p>If you know an eligible Veteran/'Rosie' you would like to travel with, please ask him/her to complete a Veteran Application. In addition, please include your friend's name and number below so that we may try to pair you together. <u>Sorry, but spouses are NOT eligible for the trip, unless they are a qualified Veteran or 'Rosie-the-Riveter'.</u></p> <p>Friend's Name: _____ Phone: _____</p>

For more info: www.VetsRoll.org---OR---E-mail us: Mark@VetsRoll.org---OR---'Like' VetsRoll.org on Facebook
Phone: 815-389-9630 (Mon-Sat) 11a-3p (CT) or Call: 608-207-8319 (Mark)
A WI Non-Profit Corporation and an IRS 501(c)(3) Public Charity

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**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 Releasees 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) 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.

7) 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.

Signature of Participant: _____

Date: _____

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A WI Non-Profit Corporation and an IRS 501(c)(3) Public Charity

PLEASE PRINT LEGIBLY!!

VetsRoll, Inc® EMERGENCY CONTACT INFORMATION

Participant's Name: _____

In the event of emergency (medical or otherwise), please fill in all pertinent information of the person(s) you would like VetsRoll to contact on your behalf (in order of urgency): **PLEASE LIST AT LEAST 2 CONTACTS**

FIRST CONTACT PERSON

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: (H) () _____ - _____ (Cell) () _____ - _____

E-MAIL: _____

SECOND CONTACT PERSON

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: (H) () _____ - _____ (Cell) () _____ - _____

E-MAIL: _____

VERY IMPORTANT INFO BELOW

Optional Pre/Post Trip Opportunity: While the four days on the road are free (except for Assistants), many of you come from distances requiring pre-trip and possibly post-trip scheduling. You **MUST** check-in on the Saturday **before** the trip and we depart at 5:14am on Sunday. VetsRoll is proud to offer, at minimal cost, charter coaches from pre-determined locations in WI, IL and other areas (~350 miles or less) on Saturday and /or Thursday afterwards! We offer a limited number of rooms for pre/post local hotels, at a minimal charge on Saturday and/or Wednesday!

For those flying to our area, we are happy to assist you with airport shuttles from Milwaukee & Chicago's O'Hare.

>>For the best rest and enjoyment, we urge you to consider the pre/post bus and/or hotel option.<<

Check here for **optional** pre/post trip information and costs to get to and from Beloit, WI.

Pre/post bus costs are *SHARED EVENLY* with *ALL* pre/post participants (More bus riders = less cost to all!).

Pre/post cities are determined by your responses with a goal of keeping your drive-times minimal.

IMPORTANT NOTICE: 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!!

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.

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.

I further understand and agree that my participation with VetsRoll.org is strictly voluntary and that I will **NOT** receive any financial compensation for my participation.

Participant's Signature: _____ Date: _____



VetsRoll, Inc.®
PARTICIPANT'S MEDICAL INFORMATION

Name:	Birthdate:
Address, City, State, Zip	
Home Phone:	Cell Phone:
Emergency Contact Person & Phone:	

Medical History - Please check all that apply.

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

Current Medications - Please list or Attach List

Known Drug & Food Allergies - Please list or Attach List

Do you use mobility equipment? Yes No **If yes,** Cane Walker Wheelchair
Note: Power chairs/scooters are not allowed on the trip.

Do you feel you can walk at least 200 feet without assistance? ___ YES ___ NO
If no, describe why you cannot: _____

Do you require assistance with your daily activities? ___ YES ___ NO

I require assistance with ___ bathing ___ dressing ___ eating ___ sleeping
Other daily needs, please describe: _____

Will you require a handicap accessible hotel room or any other such accommodations?
 ___ YES ___ NO **If yes please describe your needs:** _____
Note: We may not be able to honor all request because of availability

Do you use hearing aids? ___ YES ___ NO (Please bring extra batteries)
Do you use a Glucometer? ___ YES ___ NO (Please bring your glucometer)
Do you use a Pacemaker? ___ YES ___ NO **Do you use a Heart Pump?** ___ YES ___ NO

Oxygen & Respiratory Assistance
Do you require daily oxygen use? ___ YES ___ NO
If yes please describe your needs: _____

Do you use any of the following? _____ Nebulizer _____ Concentrator _____ CPAP _____ BiPAP
Oxygen is provided by VetsRoll, Inc.® Prescription must be provided to VetsRoll, Inc.® by May 1st.

Do you suffer from motion sickness while riding? _____ YES _____ NO

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

Do you require a colostomy or urostomy bag? _____ YES _____ NO

If yes, do you need assistance in caring for the bag? _____ YES _____ NO

Do you have any special dietary needs that VetsRoll, Inc.® should be aware of? _____ YES _____ NO

If yes, explain: _____

DNR STATUS (Please check box below if you DO NOT wish to be resuscitated.)

Proper legal documentation must be attached to this form or a state DNR wrist bracelet must be worn if you DO NOT wish to be resuscitated. If you have any questions regarding DNR status, please consult your primary physician.

MEDICAL RELEASE:

PLEASE COMPLETE BOTH PAGES. CAREFULLY READ RELEASE BELOW AND SIGN.

Private Physician's Name: _____ Title: _____
(Please Print)

Physician's Number (in event of emergency): _____

Physician's Signature: _____ Date: _____
(Physician's signature verifies consultation with Participant prior to trip)

I, _____ agree and acknowledge that:
(Participant - Please Print)

I understand that medical coverage is the sole responsibility of the Participant and I acknowledge that neither VetsRoll, Inc.® nor any associate of VetsRoll, Inc.® is responsible for medical care. I hereby accept **ALL** risks associated with my travel and participation with VetsRoll, Inc.® on this trip and I will **NOT** hold VetsRoll, Inc.® nor any associate thereof responsible for any injuries incurred by me while participating on this VetsRoll, Inc.® trip.

VetsRoll, Inc.® Personnel: _____ Date: _____

**NOTE: This form can be mailed or faxed ahead and signed the day of trip departure.
VetsRoll Inc. strictly follows all HIPPA guidelines.**

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Phone: (608) 207-8319 (Mark) or **Fax:** 815-389-9631 or e-mail: mark@vetsroll.org

VetsRoll, Inc.® dba VetsRoll.org is an award winning WI Non-Profit Corporation and is an IRS 501(c)(3) non-profit corporation.