



# OPERATION DOWN HOME

## PERSONAL INFORMATION

Name:		Rank:		Date of Birth (M/D/Y):	
Branch of Service: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> National Guard <input type="checkbox"/> Other:					
Address:			City:		State: Zip:
Home Phone:		Work Phone:		Cell Phone:	
Email Address:			Alternate Email:		
Departure City:			Nearest Airport:		
Guest Name and Email:			Relation:		
Weight:	Height:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Injury / Disability:					
Date Injured:		Where Injury Occurred (country):			
Please describe the nature of your injury:					
Do you use a prosthesis, wheelchair or assistive device? If yes, please describe:					
Are there any medical conditions that would affect your participation, i.e. allergies, seizures, diabetes, etc.?					
If yes, please list:					
Emergency Contact:		Relationship:		Phone:	

Have you participated on any trips for injured military?  Yes  No If yes, how many? \_\_\_\_\_

# Pre-Registration Form (continued)

## RECREATIONAL INTERESTS (Check all that apply; star any of high interest)

<input type="checkbox"/> Alpine Skiing	<input type="checkbox"/> Canoeing	<input type="checkbox"/> Hunting	<input type="checkbox"/> Rafting	<input type="checkbox"/> Sledge Hockey	<input type="checkbox"/> Track and Field
<input type="checkbox"/> Archery	<input type="checkbox"/> Cycling	<input type="checkbox"/> Kayaking	<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Snowboarding	<input type="checkbox"/> Triathlon
<input type="checkbox"/> Basketball	<input type="checkbox"/> Fencing	<input type="checkbox"/> Nordic Skiing	<input type="checkbox"/> Sailing	<input type="checkbox"/> Swimming	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Boccia	<input type="checkbox"/> Fishing	<input type="checkbox"/> Power-Lifting	<input type="checkbox"/> SCUBA Diving	<input type="checkbox"/> Table Tennis	<input type="checkbox"/> Water-Skiing
<input type="checkbox"/> Camping	<input type="checkbox"/> Golf	<input type="checkbox"/> Quad Rugby	<input type="checkbox"/> Shooting	<input type="checkbox"/> Tennis	Other:

## RELEASE AND INDEMNITY

I hereby release and discharge Lakeshore Foundation and all affiliated and associated organizations, together with their respective trustees, directors, officers, employees, and agents, of and from any and all demands, claims, causes of action, suits, damages, judgments, or liabilities of any kind or nature whatsoever, arising out of or in any way related to the Participant's participation in a Lakeshore Foundation activity, including any personal injury or death or loss or damage to property, which the Participant may suffer or incur as a result of participation in such program, whether or not caused by the negligence or wrongful acts of such persons or any agents, servants or employees of any of them. This release shall be binding upon heirs, next of kin, guardians, executors, and administrators of the Participant. I do further agree to indemnify and hold harmless each of them, of and from any and all claims, demands or actions of any kind or nature whatsoever arising out of any injury of damages incurred by the Participant. In signing this release, I acknowledge and represent that I am over 19 years of age, I am of sound mind, I have read this release, understand it, and sign it voluntarily, and that this paper contains the entire agreement between myself and Lakeshore Foundation.

## AUDIO / VISUAL CONSENT

I hereby consent and authorize the taking of photographs, movies, films, videotapes, tape recordings, or reproductions (*collectively, "Reproductions"*) of the persons who are hereby applying for membership and consent to use, copyright, license, publication or broadcast of the same for advertising, educational, promotional, or publicity purposes on the part of Lakeshore Foundation and by its affiliated and associated organizations, including its directors, officers, agents, servants and employees. I hereby grant and assign to Lakeshore Foundation the right, title, and irrevocable authority and interest to such Reproductions. I waive any and all claims for compensation and waive any and all claims related to or arising out of the publication and dissemination of the same of any lawful purposes. I further authorize the communication of information concerning the undersigned in connection with the utilization of such Reproductions by Lakeshore Foundation and its affiliated or associated organizations, and their respective directors, trustees, officers, agents, servants and employees without claim for compensation and waive all claims related to or arising out of the publication and dissemination of the same.

## CONSENT FOR EMERGENCY TREATMENT

In the event that a Participant should sustain any injuries while participating in a Lakeshore Foundation activity or while on the premises of Lakeshore Foundation, the Participant may be examined and treated by health care personnel, including examination at medical facilities. I voluntarily consent to such examination and treatment for the Participant, and I release and forever discharge Lakeshore Foundation, its directors, officers, staff, employees, contracted employees, agents and volunteers from any actions, suits, damages, claims, or judgments that may result from examination and treatment.

I agree to the above Assumption of Risk, Photo Consent and Release, and Authorization of Medical Treatment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for your interest in Lakeshore Foundation's Lima Foxtrot: Programs for Severely Injured Military. Learn more about Lakeshore Foundation or Lima Foxtrot Programs by visiting our website at [www.lakeshore.org](http://www.lakeshore.org)