



Retreat Application (Full Application)

Please complete this form entirely and return
by fax to 888-672-4838

Applicant's Full Name: _____

Applicant's Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Cell phone: _____ Email: _____

Military Status: Rank: _____ Branch of Service: _____

Locations Served: _____

Disability Rating (must be 70% or higher to qualify): _____

Please briefly describe your injuries/illness: _____

Please list any medications you are currently taking: _____

Do you have any physical restrictions and/or special needs? _____

Do you have any food allergies/or other dietary restrictions/requirements?

List any additional items you would like us to provide for your use during this trip such as a
shower chair, portable crib, etc... _____

Emergency contact (must not be on retreat): _____

Relationship to applicant: _____

Cell phone: _____ Email: _____



Family members that would also like to attend:

(Add additional pages if needed)

Full name: _____

Date of Birth: _____

Location: _____

Relationship: _____

Preferred Airport: _____

Full name: _____

Date of Birth: _____

Location: _____

Relationship: _____

Preferred Airport: _____

Full name: _____

Date of Birth: _____

Location: _____

Relationship: _____

Preferred Airport: _____

Please provide a copy of your military or VA ID, disability rating letter, DD214, & a recent picture along with your application.

The Trip Release and Photo Release below must be signed by each person wishing to attend.

Please ensure each person mentioned above completes this form individually.



TRIP RELEASE FORM

I _____,
intends to participate in a "Retreat" where the undersigned recognizes that every effort will be made to obtain handicap accessible accommodations however; there are instances where this may not be feasible. Therefore, during the trip non-handicap accessible accommodations may be utilized.

The Undersigned acknowledges that his/her participation in this Retreat involves certain inherent risks of physical injury, illness and/or loss of personal property.

The Undersigned also affirms all statements contained in this application are true and correct and understand that false or inaccurate information in the application will be the basis for denial and/or revocation for all support provided by Operation Second Chance.

The Undersigned by his/her execution of this Trip Release Form hereby releases and holds harmless and forever discharges Operation Second Chance, Inc., its officers, employees, directors, agents, volunteers, and staff from any and all claims, causes of action of whatsoever kind or nature, foreseen or unforeseen, arising from or in any way connected with the Retreat.

The Undersigned further recognizes that if not for his/her execution of this Trip Release Form, Operation Second Chance would not permit his/her participation in the Retreat.

The Undersigned further certifies that he/she is an adult and has read the above Trip Release Form carefully before his or her execution of same and that he/she fully understands its terms.

In witness whereof the Undersigned has put his or her hand and seal on the date written below.

Retreat Participant

Date

Witness

Date



Operation Second Chance
Photo Release Form

I grant to Operation Second Chance, its representatives and employees the right to take photographs of me and my property in connection with all Operation Second Chance Retreats. I authorize Operation Second Chance, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Operation Second Chance may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Address _____

Date _____

Signature, parent or guardian _____
(if under age 18)