

**REGISTRATION FOR SANTA BARBARA COUNTY
VETERANS STAND DOWN 2021**

www.SBCountyStandDown.com

NO GUESTS ALLOWED



Date Received:

Veteran Status:

yes/no

Saturday, October 16, 2021, Gates Open 9 a.m.- 1 p.m.

Santa Maria Fairpark, 937 S. Thornburg Street, Santa Maria, CA

Pre-registration not required but recommended. Limited to first 500 veterans, legal spouse, and dependent children under age 18.

For more information call (805) 346-8402

LAST _____ FIRST _____ MIDDLE _____

_____-_____-_____- _____-_____-_____- _____ _____
Date of Birth SSN Age Gender

Branch of Service _____ from _____ to _____

Message Telephone _____ Driver License or ID Card# _____ State Issued _____

Yes No Are you a combat veteran? If you served in a war zone, where? _____

Yes No Have you attended a Stand Down before? If so, where and when? _____

Yes No Are you currently homeless? For how many months / years? _____

Yes No Have you applied for VA medical benefits? Other VA benefits? Yes No

Current medical needs: dental hearing vision feet other: _____

Do you have substance abuse needs: Yes or No

Do you have current mental health needs: Yes or No

Yes No Have you experienced a traumatic brain injury (TBI) in combat?

Yes No Current legal needs: outstanding infractions?

Yes No Need legal advice?

Yes No Request veteran court?

Yes No Child support case with DCSS? Other child support cases? Yes No

Yes No Will your legal spouse accompany you?

Yes No Will your children under 18 years of age accompany you?

****Veteran family members must stay with the veteran.****

Will your pet accompany you? What kind? Dog / Cat Weight of pet (lbs):

Limited transportation space will be available for muzzled and/or crated animals

SIGNATURE REQUIRED ON REVERSE—PLEASE TURN OVER→

STAND DOWN SHUTTLE

This section is for planning purposes only—transportation is not guaranteed and will be on a limited first-come-first-served basis from the following locations:

<i>Please indicate only one pick up location.</i>		
SOUTH COUNTY SHUTTLE:	7:00 AM at: PATH Santa Barbara 816 Cacique Street, Santa Barbara	7:15 AM at: Santa Barbara Rescue Mission 535 E. Yanonali Street, Santa Barbara
	7:30 AM at: Salvation Army Hospitality House 423 Chapala Street, Santa Barbara (STORAGE NOT AVAILABLE)	8:00 AM at: Pescadero Lofts 761 Camino Pescadero, Isla Vista (STORAGE NOT AVAILABLE)
MID COUNTY SHUTTLE:	7:00 AM at: Solvang Veterans Memorial Building 1745 Mission Drive, Solvang	7:15 AM at: Buellton Senior Center 164 W. Hwy 246, Buellton
	8:00 AM at: Lompoc Veterans' Hall 100 East Locust Avenue, Lompoc	

Yes No **Will you need safe storage for your belongings at your departure location?**

Yes No **Do you have special transportation needs, such as a chair lift?**

If you have special transportation needs, prior contact must be established no later than October 6, 2021.

Provide telephone or email address here if you need special transportation: _____

ALL shuttles depart the Fairpark after the event at 1 p.m. on Saturday, October 16, 2021

REGISTRATION DOES NOT GUARANTEE ENTRANCE TO STAND DOWN—YOU MUST BE A VETERAN

WAIVER AND RELEASE OF LIABILITY

In consideration of the acceptance of my registration for participation in the Santa Barbara County Veterans Stand Down (referred to below as "Event"), I hereby waive, release, and discharge any and all claims for damages for personal injury (including death) and/or property damage which I may have, or which hereafter accrue to me, against the County of Santa Barbara, its officers, officials, employees, and volunteers (collectively, "County") as a result of my participation in the Event. This release is intended to discharge the County, from and against any and all liability arising out of or connected in any way with my participation in the Event, even though that liability may arise out of the negligence or carelessness on the part of the County.

I further understand that accidents and injuries can arise out of my participation in the Event. Knowing the risks, nevertheless, I hereby agree to assume the risk of, and responsibility for, any such injury, death, or damage which I may sustain arising out of or in any way connected with my participation in the Event, and I agree to release and to hold harmless the County who (through negligence or carelessness) might otherwise be liable to me, my heirs or assigns.

It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

VIDEO-PHOTO RELEASE

I give the County of Santa Barbara and its employees, elected officials, representatives, attorneys, officers, and agents, and contracted entities ("County") permission to make photographs, videotapes, films or other likenesses of me. I hereby grant to County the unrestricted right to copyright any of the above-mentioned materials containing images of me, as well as the unrestricted right to use and reuse them, with their caption information, in whole or in part, in any manner, for any purpose and in any medium now known or hereinafter invented. These rights include, but are not limited to, the right to publish, copy, distribute, alter, license and publicly display these materials and images for editorial, trade, marketing and/or advertising purposes. I understand and agree that I will not be paid for any use of any photographs, videotapes, films, or other likenesses of me, including, but not limited to, the uses described above.

I also waive, and release and discharge the County from, any and all claims related to, arising out of, or in connection with any use of the materials, caption information and images described above, including, but not limited to, any and all claims for libel, defamation and/or invasion of privacy or publicity. I understand and agree that I cannot withdraw my consent after I sign this form and that this form is binding on me and my agents, assigns, heirs, and next of kin.

The undersigned expressly agrees that this WAIVER AND RELEASE OF LIABILITY, and VIDEO-PHOTO RELEASE, are intended to be as broad and inclusive as permitted by California law. I hereby affirm that I have read, understand, and voluntarily agree to all terms and conditions contained herein.

I acknowledge that all information collected on this form is confidential and will be used only for the purposes of the Stand Down or to assist me with a need I identified herein or will identify.

SIGNATURE _____ **DATE** _____

RETURN THIS COMPLETED FORM TO:

Santa Barbara County Public Health Department
 Attention: Dulce Caro
 2115 S. Centerpointe Parkway
 Santa Maria, CA 93455