

APPLICATION FOR SANTA BARBARA COUNTY VETERANS STAND DOWN 2019

www.SBCountyStandDown.com

Saturday October 19, 2019, Gates Open 9 a.m.-1 p.m.

Santa Maria Fairpark, 937 South 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.

 Date Received: _____ Veteran Status: _____ yes no
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LAST FIRST MIDDLE

Date of Birth SSN Age Gender

Branch of Service from / to /

Message Telephone

Driver License or ID Card Number (circle one): 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 problems with: alcohol drugs other addictions: _____

Current mental health needs: PTSD Sexual trauma other: _____

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.****

Yes No 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:	<input type="checkbox"/> 7:00 AM at: PATH Santa Barbara 816 Cacique Street, Santa Barbara	<input type="checkbox"/> 7:15 AM at: Santa Barbara Rescue Mission 535 E. Yanonali Street, Santa Barbara
	<input type="checkbox"/> 7:30 AM at: Salvation Army Hospitality House 423 Chapala Street, Santa Barbara (STORAGE NOT AVAILABLE)	<input type="checkbox"/> 8:00 AM at: Pescadero Lofts 761 Camino Pescadero, Isla Vista (STORAGE NOT AVAILABLE)
MID COUNTY SHUTTLE:	<input type="checkbox"/> 7:00 AM at: Solvang Veterans Memorial Building 1745 Mission Drive, Solvang	<input type="checkbox"/> 7:15 AM at: Buellton Senior Center 164 W. Hwy 246, Buellton
	<input type="checkbox"/> 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 5, 2019.

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 19, 2019

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

WAIVER AND RELEASE OF LIABILITY

In consideration of the acceptance of my application 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.

6/17/19

SIGNATURE _____

DATE _____

RETURN THIS COMPLETED FORM TO:

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