

OPERATION SUNSHINE REGISTRATION FORM

Saturday, July 29, 2017

Wild Mountain Water Park

I, _____, hereby request that the child (children) listed below be considered for participation in Operation Sunshine.

== GUARDIAN INFORMATION ==

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number 1: _____ Phone Number 2: _____

Email: _____ Relationship to Participant(s): _____

How did you find out about Operation Snow? _____

Have you participated in past Operation Snow activities? _____

== PARTICIPANT'S INFORMATION ==

How many children are you requesting to be considered for participation in Operation Snow? _____

1) First Name: _____ Last Name _____

Gender: _____ Age: _____ Height () Over 54 " () Under 54" Any Special Needs? _____

2) First Name: _____ Last Name _____

Gender: _____ Age: _____ Height () Over 54 " () Under 54" Any Special Needs? _____

3) First Name: _____ Last Name _____

Gender: _____ Age: _____ Height () Over 54 " () Under 54" Any Special Needs? _____

4) First Name: _____ Last Name _____

Gender: _____ Age: _____ Height () Over 54 " () Under 54" Any Special Needs? _____

5) First Name: _____ Last Name: _____

Gender: _____ Age: _____

Height () Over 54 " () Under 54" Any Special Needs? _____

== DEPLOYED PARENT INFO ==

Service Branch: _____ Unit: _____

First Name: _____ Last Name: _____

Is a parent deployed now or will be as of July 29,2017? _____

Was the parent deployed in the last year? _____

NOTE: Operation Snow/Sunshine is targeted toward kids from currently or recently deployed families. All others will be considered upon availability in the order registration form was received.

== EMERGENCY INFORMATION ==

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Cell Phone: _____ Emergency Contact Home Phone: _____

Primary Doctor's Name: _____ Primary Clinic: _____

Preferred Hospital: _____

PLEASE EMAIL THE COMPLETED APPLICATION AND SIGNED WAIVER TO INFO.OPSNOW@GMAIL.COM

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

In exchange for participation in OPERATION SNOW/OPERATION SUNSHINE, and/or use of the WILD MOUNTAIN WATER PARK, I agree for myself and for the child(ren) listed on the Registration Form "PARTICIPANT" to the following:

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that the Participant(s) is/are physically fit, has/have sufficiently prepared or trained for participation in this activity, and has/have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity, and that it will govern the Participant(s)'s actions and responsibilities at said activity.

In consideration of this application and permitting the Participant to join in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to Participant including traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: OPERATION SNOW/OPERATION SUNSHINE and/or their organizers, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that OPERATION SNOW/OPERATION SUNSHINE and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that there is inherent risks association with water activities, alpine slide and go karts, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, the child(ren) may be photographed. I agree to allow any photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Parent/Guardian Signature

PLEASE PRINT ELIGIBLY

DATE