



# Veteran Registration Packet

## Continue Mission Eligibility

Continue Mission serves all era Veterans and referred Service Members with service connected physical, mental, and emotional injuries. So that we can verify eligibility, Veterans are asked to submit a VA disability rating letter and Service Members will need a referral from their doctor.

I am eligible as a:  Service Connected Veteran  Service Member Referred by \_\_\_\_\_

## Military Service Information

Branch of Service: \_\_\_\_\_ Years of Service: \_\_\_\_\_

## Veteran/Service Member Contact Information

Name: \_\_\_\_\_ Male  Female  Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Do you text? Yes  No

## Support Member/Emergency Contact Information

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you like your support member to receive emails from Continue Mission regarding upcoming events, announcements, and opportunities? Yes  No

Optional: Tell us something about yourself: interests, work, family, etc...

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### Medical Information

Primary Diagnosis (include details and date of onset): \_\_\_\_\_

-Have you had any seizures in the last year? Yes  Type \_\_\_\_\_ No

If yes, type of seizure: \_\_\_\_\_ Are they controlled? Yes  No

-Do you have any need for adaptive equipment or personal assistance? Yes  No

If yes, please explain: \_\_\_\_\_

-Do you have any medication or food allergies? Yes  No

If yes, please explain: \_\_\_\_\_

Note: Meals are provided at some of the Continue Mission events, however you will be responsible for any food preferences beyond what is provided.

### Permission for Photography and Video

I, \_\_\_\_\_, DO  DO NOT  grant to Continue Mission the absolute and irrevocable right and unrestricted permission concerning any photographs or video that they have taken or may take of me (including my support/family members) or in which I may be included with others, to use, reuse, publish, and republish the photographs in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet, and for any purpose whatsoever, specifically including illustration, promotion, art, editorial, advertising, and trade, without restriction as to alteration, and to use my name in connection with any use if they so choose. I release and discharge Continue Mission from any and all claims and demands that may arise out of or in connection with the use of the photographs, including without limitation any and all claims for libel or violation of any right of publicity or privacy. This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of Continue Mission, as well as the person(s) for whom they took the photographs. I am a legally competent adult and have the right to contract in my own name.

I have read this document and fully understand its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

*Signature of Participant:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Insurance Waiver and Release of Liability**

In consideration of being allowed to participate in any way in Continue Mission (hereafter referred to as 'CM' and including not only the organization but also its' officers, agents, directors, etc.), related events and activities, I hereby agree to release, indemnify, and discharge CM, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative, and estate as follows:

1. I acknowledge that my participation in any CM event or activity entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the event or activity
2. I expressly agree and promise to accept and assume all the risks existing in this event or activity. My participation in this activity is purely voluntary and I elect to participate despite the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless CM from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of CM's equipment or facilities, including any such claims which allege negligent acts or omissions of CM.
4. Should CM or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against CM, I agree to do so solely in the state of Utah, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against CM based on any claim from which I have released them herein. I have had enough opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

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Printed Name of Participant

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Signature of Participant

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Printed Name of Support Member

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Signature of Support Member

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Date

Waiver for minor participants on the next page.....

**For Participants under the age of 18 that may at any time participate with the  
CM Veteran as a family/support member at any given event**

Undersigned parent, or legal guardian or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the and that the minor shall be bound by all the terms of this agreement. Additionally, by signing this agreement as the parent, or legal guardian or legal representative of a minor, the parent, legal guardian or legal representative understands that he/she is also waiving rights on behalf of the minor that the minor otherwise may have. The Undersigned parent, or legal guardian or legal representative agrees that, but for the foregoing, the minor would not be permitted to participate in the activities. If signing as the parent, legal guardian or legal representative of a minor, signing adults represent that they are a parent, legal guardian or legal representative of the Participant.

Name(s) and date(s) of birth of the potentially participating minor(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of parent, legal guardian, or legal representative

\_\_\_\_\_  
Date

Thank you for joining the Continue Mission Family!

