### APPLICATION PACKAGE

**The Application Package contains the following:**

1. Application Form
2. General Release Form
3. Image Release Consent Form

**Requirements for Participating in a Retreat:**

1. All participants must be a combat wounded warrior from the Iraq/Afghanistan war
2. Submittal of all required documents: Application Package Forms (noted above) and Service Verification
3. No smoking in any hotel room or any transport vehicle at the Retreat
4. Commit to attend all scheduled activities

**Email all documents to: pncope29@gmail.com**

**Visit our website http://warriorbeachretreat.org to learn more about us**

**Contact us if you have any questions: Linda Cope 850-625-0736**

**APPLICATION FORM**

|  |  |
| --- | --- |
| Date |       |
| Warrior’s Name(As it appears on your Government Issued Photo ID) |       |       |       |
|  | *First* | *Middle* | *Last* |
| Warrior’s Name (Name preferred to be called) |       |
| Person accompanying you(As it appears on your Government Issued Photo ID) |       |       |       |
|  | *First* | *Middle* | *Last* |
| Person accompanying you (Name preferred to be called) |       |
| Home Address |       |       |
|  Street Address | Apartment/Unit # |
|  |       |       |       |
|  City | State | ZIP Code |
| Mailing Address (if different than above) |       |       |
|  *Street Address Apartment/Unit #* |
|  |       |       |       |
|  *City State Zip Code* |
| Home Phone | (     )       | E-mail Address |       |
| Warrior’s Cell Phone | (     )       |  |  |
| Accompanying Person’s Cell Phone | (     )       |  |  |
| Warrior’s Branch of Military |       | Rank |       |
| Were you combat wounded? | YES[ ]  | NO[ ]  | *(Double click on appropriate box)* |
| In what country were you injured? |       |
| Briefly describe your injury: |       |
| If Deployed, name the Countries: |       |
| Will you need Handicap Bathroom? | YES[ ]  | NO[ ]  |  |
| Warrior’s T Shirt Size |  S M L XL 2XL 3XL [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  | Person accompanying you - T Shirt Size |  S M L XL 2XL 3XL [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  |
| Will you need special accommodations, like a wheelchair? | YES [ ]  | NO[ ]  |  |
| If Yes, please explain |       |
| Please provide a brief statement stating why you would like to attend this retreat: |
|       |

**Below are requirements for participating in the Warrior Beach Retreat**

**1. Acknowledgement and commitment to comply:**

I (and the person accompanying me) will not smoke in any hotel room or any transport vehicle at the WBR.

[ ]  I acknowledge this statement and will comply. **Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (and the person accompanying me) will attend all scheduled activities. If unable to attend for any reason, I will contact Linda Cope at 850-625-0736.

[ ]  I acknowledge this statement and will comply. **Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. All 4 completed documents emailed to** **pncope29@gmail.com****:** (1) Application, (2) General Release Form, (3) Image Release Consent Form and (4) Service Verification **-** Email proof that you were combat wounded, such as a DD214 or documentation showing disability. Please completely mark through social security numbers and any money values shown on your records.

**Frequently Asked Questions**

**1. Can my children come with me on this retreat?**

No. We hold these retreats for combat wounded warrior and their spouse, girlfriend, caregiver, friend or relative. We want warriors and their guest to be able to have some “alone” time and to be able to connect with other warriors. We have found that you both will be able to better enjoy this time together alone and to get to know others who have and are experiencing the challenges you face each day.

**2. How long do these retreats last?**

Seven (7) days. An Agenda will be provided at least two weeks before retreat begins.

**3. Do I pay for any expenses at the retreat?**

All lodging, meals and activities that we have scheduled for you are FREE. You will need to provide your own transportation to and from Panama City Beach, FL. Rental cars are provided at no charge if you choose to fly. Arrange your flight to ECP (Northwest Florida Beaches International Airport, Panama City Beach, FL). However, you may drive your own vehicle to the Retreat.

**GENERAL RELEASE FORM**

**KNOW ALL MEN BY THESE PRESENTS:**

That the undersigned, hereinafter Releasor individually and collectively (if more than one), for and in consideration of Releasor’s participation in the beach retreat, which Releasor acknowledges is valuable consideration, hereby releases WARRIOR BEACH RETREAT, INC., its officers, agents, employees and persons who have volunteered to perform services or furnish products, including food, transportation, lodging and activities, from all liability, claims, and suits, in law or equity. Further, Releasor acknowledges that the anticipated activities of the retreat have been made known to Releasor understands and recognizes the inherent risks in such activities for all of which this General Release is made.

**Dated** this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_

 (Month) (Year)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Releasor Signature of Releasor**

**IMAGE RELEASE CONSENT FORM**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print names) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

being of legal age, hereby consent: that the photographs, audio/videotapes, electronics and/or all media in which I appear and am depicted may be used by WARRIOR BEACH RETREAT, INC., of Panama City Beach, Florida, and its agents for outlets including but not limited to television, newspapers, internet, council publications, recruitment materials and ads without limitations: and to release all my rights to the aforementioned and allow it to become WARRIOR BEACH RETREAT, INC., of Panama City Beach, FL, property so that they shall have the right to publish, reproduce, distribute and make other uses free of all claims and/or damages that I may incur.

**Dated** this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_

 (Month) (Year)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Signature**