# SANTA BARBARA COUNTY VETERANS STAND DOWN

www.SBCountyStandDown.com

October 21, 2017, 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

## Stand Down Application 2017

LAST	FIRST		MIDDLE			
 Date of Birth		Age	Gender			
Branch of Sei	vice	from _	/	_ to	/	
Message Tele	phone					
Driver Licens	e or California ID Card Number (circle one)	State is	sued			
Yes 🗌 No 🗌	Are you a combat veteran? Served in war zone? Ye	es 🗌 No 🗌 Where?				
Yes 🗌 No 🗌	] Have you attended a previous Stand Down? Where?When?When?					
Yes 🗌 No 🗌	Are you currently homeless? How long have you been	homeless?/	(how m	any mo/yr)	)	
Yes 🗌 No 🗌	Have you applied for VA medical benefits? Other V	'A benefits? Yes 🗌 N	lo 🗌			
Current medic	al needs: dental 🗌 hearing 🗌 vision 🗌 feet 🗌 other_					
Do you have pr	oblems with alcohol 🗌 drugs 🗌 other addictions					
Current menta	l 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 🗌	Request veteran court?					
Yes 🗌 No 🗌	□ Child support case with DCSS? Other child support cases? Yes □ No □ legal advice? Yes □ No □					
Yes 🗌 No 🗌	No 🗌 Will your legal spouse accompany you? Will your children under age 18 accompany you? Yes 🗌 No 🗌					
Yes 🗌 No 🗌	Will you have a pet(s) with you at the event? Dog Cat size in lbs: 2-20 51-50 51-80 80-100+					
Limited transpor	tation space will be available for muzzled and/or crated animal	s				
Attentic Santa B 2115 S.	<u>N THIS COMPLETED FORM TO:</u> on: Megan Lizalde arbara County Public Health Department Centerpointe Parkway faria, CA 93455			rms mu on rever	ist be signed rse ➔	



# STAND DOWN SHUTTLE

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

Please indicate only one pick up location					
7:00 AM 🗌 PATH-Santa Barbara	7:15 AM 🗌 Santa Barbara Rescue Mission				
816 Cacique Street	535 E. Yanonali				
Santa Barbara	Santa Barbara				
7:30 AM Salvation Army Hospitality House	8:00 AM 🗌 Pescadero Lofts				
(STORAGE IS NOT AVAILABLE)	(STORAGE IS NOT AVAILABLE)				
423 Chapala Street	761 Camino Pescadero				
Santa Barbara	Isla Vista				
7:30 AM 🗌 Solvang Veterans Memorial Bldg	7:45 AM 🗌 Buellton Senior Center				
1745 Mission Drive	164 W. Hwy 246				
Solvang	Buellton				
8:30 AM 🗌 Lompoc Veterans' Hall					
100 East Locust Avenue					
Lompoc					

Will you need safe storage for your belongings at your departure location?

Do you have <u>SPECIAL TRANSPORTATION NEEDS</u> that we need to know about, i.e., need chair lift? <u>If yes</u>, prior contact must be established no later than October 6, 2017.

Telephone or email must be <u>provided below</u> ✓ if you need special transportation:

## ALL shuttles depart the Fairpark after the event at 1 p.m. on Saturday, October 21, 2017

## 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 entry into the Santa Barbara County Stand Down (referred to below as "Event") I hereby waive, release, and discharge any and all claims for damages for death, personal injury, 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 the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless the County who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. 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 abovementioned 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.

\_\_\_\_\_SIGNATURE \_\_\_\_\_\_DATE

<u>RETURN THIS COMPLETED FORM TO:</u> Attention: Megan Lizalde Santa Barbara County Public Health Department 2115 S. Centerpointe Parkway Santa Maria, CA 93455