



The Navy League of the United States-Bremerton-Olympic Peninsula Council
P.O. Box 626
Bremerton, WA 98337

EVENT PARTICIPATION FORM (PER EVENT)

Event and Event Date _____ Number of participants _____

Date of Application _____ Date Received _____

PERSONAL DATA INFORMATION FORM COMPLETED YES _____ NO _____

If not must be completed and submitted to **TOUR DIRECTOR** one time and is **your responsibility** to keep info current

Name (Council Member/Sponsor) _____ Phone _____

Spouse Name _____ E-Mail _____

Are you sponsoring non-USNL guest(s) — yes — no **All sponsors must accompany their guest(s) on tours**

Sponsored guest information (include address and phone number if different than sponsors)

ALL Sponsored Guests must complete the following information

#1 Name (legal as appears on SSN) _____ SSN _____

Address _____

Phone () _____ U.S. Citizen — yes — no E-Mail _____

Are you interested in joining Navy League? _____ yes _____ no

#2 Name (legal) _____ SSN _____

Address _____

Phone () _____ U.S. Citizen — yes — no E-Mail _____

Are you interested in joining Navy League? _____ yes _____ no

Note: If more room is needed for guests' names and information, please use back of page

ALL PARTICIPANTS MUST SIGN THE RELEASE OF LIABILITY

In consideration of being permitted to participate in the activity listed above, conducted by the Bremerton-Olympic Peninsula Council of the Navy League of the United States (hereinafter, Council), I understand that there are inherent risks in this particular activity and I freely assume all those risks. In further consideration of being permitted to participate in this activity, I hereby agree not to sue and to release, waive, and discharge the Council, it's officers, members, employees and agents, and their respective spouses, legal representatives, heirs and assign, for any and all loss of damage, and any claim of damages resulting therefrom, on account of injury to my person or property, even injury resulting in my death, whether caused by the negligence of the Council or otherwise, while the Council is engaged in the activity described above.

I further agree to indemnify and hold harmless the Council and the parties above mentioned from any loss, liability, damage or cost, including attorney's fees, they may incur due to my presence at the activity described above. I hereby accept full responsibility for the risk of bodily injury, death or property damage due to the negligence of the Council officers and members while traveling to or from or attending the above-described activity.

I further expressly agree that this release, waiver and indemnity is extended to be as broad and inclusive as permitted by the laws of the State of Washington, and that if any portion of this is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read, understand and fully agree with the terms and conditions of this waive indemnification and liability release.

Signature of Releaser _____

Signature of Releaser _____

Signature of Releaser _____

Signature of Releaser _____

Signature of Releaser _____

Signature of Releaser _____

NOTES:

1. Sponsors will be the normal points of contact
2. Event coordinator, as necessary, will designate phone tree assignments to sponsor and ensure timely dissemination to participants.
3. Prerequisites: Some events, such as military ship activities, require participants to meet certain medical, physical, citizenship and minimum age criteria. Each military command is responsible for making that determination and as such, beyond the control of this Council. Their sponsor must accompany minor children. Medical conditions, which require special needs or limit physical activity in a space with steep ladders and narrow passages, will normally preclude participation.
4. Event space is usually limited. Decisions concerning Council sponsored participants will be base upon several factors, which include timeliness of request, Council participation and membership status. The Council President will resolve conflicts with advice from the event coordinator.

RETURN THIS COMPLETED FORM TO THE EVENT COORDINATOR