

2022 HIGHWAY OF VETERANS (May 27, 2022) VETERAN REGISTRATION (ENLISTMENT) FORM

Deadline May 20, 2022
(FREE FOR VETERAN-\$5 DONATION FOR 1-GUEST)
5p.m. Columbus County Fairgrounds

*Name _____ *Telephone _____

*Address _____

*City/State/Zip _____

*Age _____ *Male _____ or *Female _____

*Branch of Service _____ *Years of Service _____ *Conflicts _____

*Medals _____

*I will attend the Veterans Appreciation Luncheon? Yes No Guest Yes No

*E-mail _____

*Emergency Contact _____ Phone# _____

Wall Of Honor-Bring a picture of Veteran in Uniform (if available) to be added to Wall of Honor

*Addition Information you may want to add about yourself _____

*Optional Donation Cash Check Amount

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my family, my heirs, executors & administrators, forever waive, release & discharge any and all rights & claims for damages & caused of suit or action, known, that I have against the Veterans Memorial Park of America, Inc., Columbus County Fairgrounds and Board, State of North Carolina, County of Columbus, Committee Members, Officers-Directors, Volunteers, all sponsors, agents, representatives, successors, & assigns of Veterans Memorial Park of America, for any and all injuries suffered by me in this event.

I understand that police protection will not be provided for the event area and the parking area. I attest that I am physically fit to participate in this event. I also agree to abide by any decision of an appointed committee member or medical official to my ability to safely continue. I further assume and will pay my own medical expenses in the event that of an injury, illness, death, or other incapacity regardless of whether I have authorized such expense. Further, I hereby grant full permission to the Veterans Memorial Park of America, Inc. and/or agents hereby authorized by them, to use any photographs, videotapes, motion pictures, recording, or any other record of this event for any legitimate purpose at any time without compensation.

I have read this waiver carefully & understand it.

*Signature of Veteran

*Date

Received Date: _____

Veterans Memorial Park of America (VMPA)

C/o Angela Norris (910) 840-3848
P.O. Box 2046
Whiteville, N.C. 28472