Delaware Veterans Stand Down Visitor Registration Form

Please Print Clearly, complete this form in its entirety, and please turn in to a Registration Volunteer

NAME_____

GENDER: **Male** ☐ **Female** ☐ **AGE:** _____ **CELLPHONE:** _____

EMAIL _____

EMERGENCY CONTACT: _____ **NUMBER:** _____

COUNTY OF RESIDENCE: **New Castle** ☐ **Kent** ☐ **Sussex** ☐ **Other** ☐

If you are not from the State of Delaware, please print your County and State: _____

VETERAN STATUS: Name_____

Branch of Service _____ **Dates of Service** _____

Waiver: I hereby waive all claims to the Delaware Veterans Awareness Center Foundation; Delaware Veterans Stand Down Committee and the City of Dover Released of Liability. Signature is required.

_____ _____

Signature **Date**

IMPORTANT NOTE: All visitors participating in the Delaware 2026 Veterans Stand Down MUST complete a Visitor's Registration for this event.

If you have a success story that you would like to share, please contact coordinator, Liz Byers-Jiron or a Registration Volunteer so that you may share your story. Please flip over this page and read, sign, and date your consent form for photographs, video, or voice recording. You must sign Yes or No.

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CONSENT FOR USE OF PICTURE, VIDEO, AND/OR VOICE

I voluntarily, without compensation authorize pictures, videos, and or voice recordings to be made of me while I am at the Delaware Veterans Stand Down, Schutte Park, 10 Electric Ave, Dover DE 19904.

Yes ☐ No ☐ If you checked No, please sign and date directly below, and notify a registration volunteer to turn in your form and receive a yellow background nametag.

Printed Name_____ **Signature**_____ **Date**_____

If you checked Yes, please proceed below, then sign and date at the bottom of the page.

I authorize disclosure of any pictures, videos or voice recordings to:

Local/State Media/Newspaper and Stand Down Photographers/Staff/Volunteers covering the event.

I understand that said picture, video, or voice recording is intended for the following purpose:

In order to display all of the support from local/state/federal agencies/resources that are helping the Delaware Veteran community.

For historical records of each year Stand Down Event.

I authorize disclosure of the picture, video, or voice recording to:

Veterans Awareness Center, Foundation, 12385 Sussex Highway, Greenwood, Delaware 19950

Delaware Commission of Veterans Affairs, 802 Silverlake Blvd, Dover, Delaware 19904

Wilmington Veterans Administration and Community Based Clinics Dover and Georgetown. Wilmington VA Headquarters, 1601 Kirkwood Highway, Wilmington, Delaware 19805

Local and State Media/Newspaper and social media

I have read and understood the above. I understand that my consent is voluntary, and that no royalty fee or other compensation shall become payable to me. I understand that I may at any time exercise the right to cease being filmed, photographed, or recorded and may rescind my consent at a reasonable time before the picture, video, or voice recording is used.

Printed Name_____ **Signature**_____ **Date**_____

This form may be returned to prior to the Stand Down event to:

vacfsd@gmail.com