VETERANS SERVICE COMMISSION
OF STARK COUNTY
SERVING THOSE WHO SERVED SINCE 1886

Winter Wonderland Veterans Christmas Program Participation Waiver

Please read carefully and initial each numbered category below to indicate your understanding and agreement. Once all sections are initialed, please sign and date.

1. Not all gifts are guaranteed: I understand that while I may request an item, not all gifts are guaranteed to be provided. I acknowledge that as the program aims to provide every registered veteran or dependent with their requested items, there may be limitations based on community resources and other factors. Substitutions may be necessary. (Initial ________)
2. Proof of service required: I acknowledge the necessity of providing proof of my service as a veteran [or my dependency status] to be eligible for this program. I will ensure that all required documentation, as specified by the program organizers, is provided. (Initial ________)
3. Must be a Stark County Veteran: I understand that in order to be eligible for this program, I must be a resident of Stark County. Proof of my residency status may be required. (Initial ________)
4. Large or overly expensive items: I agree to limit my Wish List to reasonable and modest items, with no more than one expensive item included. I understand and agree that requesting large or overly expensive items may not be feasible for the community to fulfill. (Initial ________)
5. Must attend event to receive gifts: I understand that I must attend the December 13, 2025 Winter Wonderland Veterans Christmas celebration to receive my requested gifts. (Initial ________)
6. Qualifying Dependents Per VA Standards: I confirm my understanding of the definition of qualifying dependents according to VA standards, which may include spouses, children, and other eligible individuals as outlined by the Department of Veterans Affairs. I will provide accurate information regarding their dependent status if applicable. (Initial ________)
7. Incomplete or unsigned Wish Lists/Waiver will result in request not being processed: I acknowledge that failure to complete and sign my Wish List/Waiver, along with providing proof of service, will result in my request not being processed. (Initial ________)

2955 Wise Ave. N.W., Canton OH 44708 | 330.451.7457 | Fax 330.451.7469 | www.starkcountyohio.gov/veterans

8. <u>Doors will open at 10:50 AM for Winter Wonderland December 13, 2025</u>: I understand that due to safety issues, the event organizers will be unable to accommodate guest that arrive prior to 10:50 AM. (Initial ________)

9. <u>Please take notice that this is a public event and photographs may be taken</u>. The Veterans Service Commission of Stark County (VSC) does not guarantee the subject(s) in the photographs will be contacted in the event that the photos are published. Accordingly, by attending the event, you acknowledge and agree that the VSC shall have the right (without limitation and compensation to you) to take, edit, adapt, modify, reproduce, publish, promote, display and otherwise use your photographs in any way it sees fit, including the right to publish your photographs online and in print. By attending the event, you agree to be bound by all these terms conditions and rules. (Initial ________)

I, THE UNDERSIGNED, HEREBY ACKNOWLEDGE that I have read and understand and agree to the terms and conditions outlined above. I voluntarily agree to abide by these guidelines in order to participate in the Winter Wonderland Veterans Christmas Program.

Please Select Your Participant Status

☐ Veteran ☐ Spouse ☐ Surviving Spouse

____
Participant's Signature (Print)

____
Participant's Signature

____
Date