PLEASE PRINT CLEARLY

## Adopt an Airman WYO **AIRMAN APPLICATION**

NAME (Last, First):			GENDER:	
SPOUSE NAME (Last, First):			GENDER:	
RANK & UNIT:			DATE OF BIRTH:	
What shift do you work?			Do you work weekends?	
Home City & State:			Do you posess transportation? Yes / No	
Contact Info: Please Print VERY Clearly!	Airman's Cell Phone:		Spouse's Cell Phone:	
	Airman's Personal Email:		Spouse's Personal Email:	
Do you have animal allergies?				
Do you smoke/vape?	Yes / No	Are you willing to have a host that	smokes/vapes?	Yes / No
Any health concerns or physical lim	-			
Would you prefer your host to be si		Single	Partnered	No Preference
Would like a host with kids?	Yes / No / No Preference	Small Children (under 5 years old): Teenagers (13-18): Yes / No	Yes / No	Youth (6-12): Yes / No
SEXUAL ORIENTATION:	Heterosexual	Homosexual	Other	Prefer Not to Answer
ETHNICITY: (Circle all that apply)	African American	Caucasian	Inter-Racial	Pacific Islander
	Asian	Hispanic	Native American	Prefer Not to Answer
RELIGIOUS PREFERENCE:		LANGUAGES SPOKEN:		
Do you smoke/vape?	Yes / No	Are you willing to have a host that	smokes/vapes?	Yes / No
Any health concerns or physical lim	itations the matching committee s	hould be aware of?		
Do you possess transportation?	Yes / No			
ACTIVITIES /HOBBIES:	Animals	Cars / Motorcycles / Mechanics	Hockey	Running
(Circle all that apply)	Archery	Cooking / Baking	Horseback Riding	Skateboarding
	Aviation	Crafting / Quilting / Sewing	Hunting / Shooting	Skiing / Snowboarding
Do you prefer:	Baseball / Softball	Dancing	Martial Arts	Soccer
Indoor Activities	Basketball	Fishing	Models	TV / Movies
Outdoor Activities	Biking	Football	Musical Instruments	Video Games
	Board / Card Games	Gardening	Painting / Sculpting	Volunteering
Other Activity/Hobby:	Books / Reading	Golf	Photography	Watching Sports
	Camping / Backpacking	Hiking	Racquetball / Tennis	Watersports / Swimm
FOOD INTERESTS:	African	French	Japanese	Seafood
(Circle all that apply)	American	German	Korean	Soul Food
Allergies:	BBQ	Gluten Free	Kosher / Halal	Thai
	Cajun	Greek	Mediterranean	Vegetarian / Vegan
	Caribbean	Indian	Mexican	Vietnamese
	Chinese	Italian	Middle Eastern	Other:
TELEVISION / MOVIE INTEREST:	Action	Crime Dramas	Martial Arts	Sports
(Circle all that apply)	Adventure	Documentary	Musicals	Superhero
	Anime	Drama	Mystery	Thriller
	Biographical	History	Reality TV	War Films
	Children / Family	Horror	Romance	Western
	Comedy	Indie Films	Sci-Fi / Fantasy	Other:
MUSICAL INTEREST:	Alternative	Gospel	Oldies	Reggae
(Circle all that apply)	Classical	Hip-Hop / R&B	Рор	Rock
	Country / Folk	Jazz / Blues	Punk	Swing / Big Band
	Electronic / Dance	Metal	Rap	Other:
ADDITIONAL COMMENTS:				
Add other interests or clarify responses				
	НО	ST FAMILY SPECIAL REQUEST	6 N	
NAME (Last, First):			Spouse Name:	DI .
Address:		City / Zip:		Phone:
Are they an active / registered host f	•	Yes / No		
		assigned to your preferred family when all completed	requirements from the family are re	eceived and processed.
Preferred family's email address to s	end host packet:			
			TODAY'S DATE:	
SPOUSE SIGNATURE:			TODAY'S DATE:	

## Adopt an Airman WYO

## AIRMAN RELEASE AND LIABILITY WAIVER



1. I \_\_\_\_\_\_\_\_(Name, Rank, Service Affiliation), volunteer to participate in the Adopt an Airman Program (Program). I understand that foreseeable and unforeseeable risks may arise from my participation, as a result of the negligence, malfeasance, or tortious conduct of Program participants, which might lead to personal injury, property damage, or death. I understand that my participation is contingent upon my execution of this Waiver of Liability and Indemnification.

2. I do hereby forever waive all claims of liability and release the Adopt an Airman Program, the Greater Cheyenne Chamber of Commerce, its Directors, Officers, Agents, and Employees, from all civil liability, claims and lawsuits which may arise from my participation in the Program, and from the negligence, misconduct, malfeasance, or tortious conduct of Program participants.

3. I hereby assume full responsibility for my own safety, and I shall indemnify, save, and hold harmless, and defend F.E. Warren Adopt an Airman Program, its Directors, Officers, Agents and Employees from any and all liability, claims, demands, and actions that may occur, resulting from my participation in the Program. This Waiver of Liability Release and Indemnification shall be binding upon my heirs, successor, and assigns.

4. I hereby acknowledge that I have read the foregoing, and all the Rules, Regulations, and Guidelines for my participation provided to me, and that I understand my responsibility to abide by the Rules, Regulations, and Guidelines provided me by the Program. Any failure on my part to so abide by these rules may lead to the termination of my participation. I voluntarily agree to all these terms and conditions.

Name (Printed)

Signature

Date