



## PARTICIPANT AGREEMENT

### NATIONAL VETERANS CREATIVE ARTS FESTIVAL

DEADLINE: \_\_\_\_\_

**RESPONDENT BURDEN:** The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this application will average 35 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

#### **No Alcohol/No Illicit Drugs**

The National Veterans Creative Arts Festival is an alcohol-free/illicit drug-free program. Participants, staff, and volunteers involved in the Festival are asked to refrain from the use of alcohol and illicit drugs during this event.

We ask that you sign your name in the space below, indicating that you have read the activity descriptions of the Festival week events and are willing to participate with what has been outlined. Thank you for your time in reviewing this information and we hope to see you in \_\_\_\_\_ !

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

#### **Smoking and Credit Card Policy**

A \$ \_\_\_\_\_ fine will be charged to the occupant of any non-smoking guest room that is smoked in. The National Veterans Creative Arts Festival will not be responsible for payment of any fines related to smoking in the hotel.

\_\_\_\_\_ requires a credit card upon check-in for each guest. This policy is in effect to cover incidentals such as telephone calls, internet service, in-room movies, etc.

We ask that you sign your name in the space below indicating that you understand the smoking and credit card policies at the \_\_\_\_\_ .

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF SIGNATURE (to confirm veteran's understanding of the above statements)

\_\_\_\_\_  
DATE

Please submit Participant Agreement Form no later than \_\_\_\_\_ to:

**Stephanie Torian**  
**Host Site Coordinator (05/Vol)**  
**VA Sierra Nevada Health Care System**  
**975 Kirman Avenue**  
**Reno, NV 89502**  
**Phone: (775) 328-1411 / Fax: (775) 337-2276**  
[Stephanie.Torian@va.gov](mailto:Stephanie.Torian@va.gov)