01 Household Information

Candidate Name
Andrew Solis

Address
920 E. Mission Rd #46
Fallbrook, 92028

Email
amandamorgan719@yahoo.com

Phone
(951) 406-9708

Type of Phone Number
Cell/Mobile

Gender
Male

Parent/Guardian #1 Name
Amanda Morgan

Address
920 E. Mission Rd #46
Fallbrook, 92028

Email
amandamorgan719@yahoo.com

Phone
(760) 505-3177

Phone Number Type
Cell/Mobile

Relationship
Mother

Parent/Guardian/Responsible Adult #2 Name
Jesse Solis

Address
1320 Broadway #806
San Diego, CA 92101

Email
jesse.solis19@icloud.com

Phone
(619) 480-5677

Phone Number Type
Cell/Mobile

Relationship
Father

Emergency Contact Name
Paul Cuba Caro

Address
1080 E. Funquest Drive
Fallbrook, CA 92028

Email
Paul@sunletnursery.com

Phone
(760) 809-2139

Phone Number Type
Cell/Mobile

Relationship
Uncle

Agreement

Hold Harmless Agreement

This Agreement is effective for participation occurring between January 1, 2026 and December 31, 2026.

This Hold Harmless, Assumption of Risk, Release of Liability, and Covenant Not to Sue ("Agreement") is entered into by and between the undersigned participant and/or the parent or legal guardian of the participant (collectively, "Participant/Parent") and Devil Pups Youth Program for America, also known as Devil Pups, Inc. ("Devil Pups").

I hereby authorize my minor child to participate in any and all activities, events, and programs conducted by or associated with Devil Pups, including, but not limited to: transportation; physical training and exercise; leadership and team-building activities; community service; classroom instruction; dining; housing and living accommodations; and any other related or ancillary activities (collectively, the "Activities"). Activities may occur at Marine Corps Base Camp Pendleton, in my local area with a

designated Devil Pups Liaison Representative, or at any other location associated with or connected to Devil Pups.

I understand and acknowledge that participation in the Activities involves inherent and other risks, including but not limited to risks of personal injury, illness, permanent disability, death, property damage, and economic loss. These risks may arise from, among other things, physical exertion, transportation, environmental conditions, close contact with others, equipment use, and the actions or omissions of participants, volunteers, staff, or third parties. I knowingly, voluntarily, and expressly assume all such risks, both known and unknown, foreseeable and unforeseeable, on behalf of myself and my child.

On behalf of myself, my child, and our respective heirs, successors, assigns, and any other persons or entities claiming by or through us, I hereby fully and forever release, waive, discharge, and relinquish any and all claims, demands, actions, causes of action, liabilities, damages, losses, costs, or expenses of any kind (collectively, "Claims") against Devil Pups and its officers, directors, trustees, employees, volunteers, agents, representatives, successors, assigns, and affiliated entities (collectively, the "Released Parties"), arising out of or related in any way to participation in the Activities.

This release includes, without limitation, Claims arising from the negligence (whether active or passive), acts, or omissions of any of the Released Parties, to the fullest extent permitted by law. I agree that I will not institute any lawsuit or other legal proceeding against any of the Released Parties based upon any Claim released by this Agreement. I further agree to indemnify, defend, and hold harmless the Released Parties from and against any and all Claims, liabilities, damages, judgments, costs, or expenses (including reasonable attorneys' fees) arising out of or related to my child's or my own participation in the Activities, or any breach of this Agreement.

I understand that participation in group activities may increase the risk of exposure to communicable diseases, including but not limited to COVID-19 or other viral or bacterial infections. I acknowledge that Devil Pups follows applicable federal, state, and local health guidelines but cannot eliminate all risk of exposure. I voluntarily assume all risks related to exposure to communicable diseases for myself and my child and release the Released Parties from any Claims arising from such exposure, illness, or related consequences, whether occurring before, during, or after participation in the Activities. I represent that, to the best of my knowledge at the time of signing, my child is not experiencing symptoms of a communicable disease that would preclude safe participation and that we agree to comply with all health and safety protocols established by Devil Pups or applicable authorities.

In the event of illness or injury, I authorize Devil Pups and its representatives to obtain emergency medical treatment for my child when deemed reasonably necessary, and I agree to be solely responsible for all costs associated with such treatment. I understand and acknowledge that Devil Pups does not provide medical, health, disability, or accident insurance coverage for participants. I am solely responsible for maintaining any desired insurance coverage for myself and my child.

If any provision of this Agreement is held to be invalid or unenforceable, the remaining provisions shall continue in full force and effect. This Agreement shall be governed by and construed in accordance with the laws of the State of California, without regard to conflict-of-law principles. Any legal action arising out of this Agreement shall be brought exclusively in a court of competent jurisdiction located in California.

This Agreement constitutes the entire agreement between the parties regarding the subject matter herein and supersedes all prior or contemporaneous agreements or understandings, whether written or oral.

I acknowledge that I have carefully read this Agreement, fully understand its terms, understand that I am giving up substantial rights (including the right to sue), and sign it freely and voluntarily on behalf of myself and my child.

02 Candidate Signature

02 Parent/Guardian Signature

03 Selection Questionnaire

1. Are you affiliated with a gang?
No

2. Are you married?
No

3. Are you a parent?
No

4. Are you pregnant?
No

5. Do you have any court convictions other than traffic tickets?
No

6. Have you ever appeared in court for a felony or misdemeanor?
No

7. Can you accept authority?
Yes

Explain
Yes I can follow rules

8. Do you respect the rights of others?
Yes

Explain
Yes i'm respectful

9. Can you work with others as a leader and a follower?
Yes

Explain
I can listen

10. You cannot smoke, gamble, play cards or use drugs. You will be expected to obey all lawful orders without questions. The illegal involvement, possession and / or use of such substances will not be tolerated. Any such conduct will constitute grounds for immediate severance from the Devil Pups program. All males will be given a military regulation haircut. All females will wear their hair in compliance to Marine regulations. Do you understand?
Yes

11. Why do you want to attend the Devil Pups encampment?
My family tradition

12. Do you believe in self-discipline?
Yes

Explain
Yes I'm motivated

13. When things get tough, some people are tempted to quit. Why is this true?
They don't believe in themselves

14. Pick three words that describe what you hope to learn at camp:
Tactics, nature, challenges

15. How did you hear about Devil Pups?
Family tradition

16. What are your school activities and hobbies?
Soccer

17. Do you participate in athletics?
Yes

Name your sport(s) and level:
Soccer npl

18. What is the name of your school?
Potter Jr High

19. What grade are you in?
8th

20. Select all that you are a member of:
Boy Scouts

List your rank or position in your organization:
Cub scouts in middle school.

04 Health Information

Head Injury
No

Neck/Back Injury
No

Absence of one eye
No

Absence of Kidney
No

Loss of Consciousness
No

Shoulder/Elbow Injury
No

Fainting Spells
No

Knee/Ankle Injury
No

Kidney Disease
No

Convulsions
No

Hernia
No

Heart Disease or Murmur
No

Epilepsy
No

Asthma
No

Menstrual Disorder
No

Paralysis
No

Diabetes
No

Hearing Loss
No

Fractured Bones
No

Pregnancy
No

Perforated Ear Drum
No

Wears Glasses
No

Wears Contact Lenses
No

2. I acknowledge that vaccinations for Tetanus/Diphtheria, Measles, and Polio are current.
Acknowledge

3. List any health factor that requires a limited program of physical activity on the part of your son or daughter. If none, so state.
None

4. Is your son or daughter taking a prescribed medicine which must be continued while he/she is at Camp Pendleton?
No

5. Has the applicant ever had significant allergies? Select all that apply.
Foods, Other

List Other allergies
Shrimp/ Fish

6. Family Physician Name
Dr Daisy Robinson

7. List the candidate's health insurance provider:
Medi-cal

Policy Number
97193632F

04 Parent/Guardian Signature

05 Physical Examination Form

Candidate has a copy of the Physical Examination Form in their possession.

Upload your COMPLETED Physical Examination Form Here
Oops! That file is protected