

# VETERAN APPLICATION



Honor Flight Network recognizes American veterans for your sacrifices and achievements by having you go to Washington, DC to see YOUR memorial at no cost. Top priority (for which we are currently accepting applications) is given to WWII, Korean, and terminally ill veterans from all wars. Honor Flight will be expanded to include Vietnam veterans. For Honor Flight to achieve this goal, guardians fly with the veterans on every flight providing assistance and helping veterans have a safe, memorable and rewarding experience. For what you and your comrades have given to us, please consider this a small token of appreciation from all of us at Honor Flight. For further information, please contact us at (856) 589-5072 or visit us a [www.sihonorflight.org](http://www.sihonorflight.org).

**YOUR FULL NAME:** \_\_\_\_\_ **NICK NAME:** \_\_\_\_\_  
First Middle Last

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE: Day:** \_\_\_\_\_ **Evening:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT HONOR FLIGHT:** \_\_\_\_\_

**WHAT IS YOUR TEE SHIRT SIZE (S, M, L, XL, XXL, XXXL):** \_\_\_\_\_ **GENDER (M OR F):** \_\_\_\_\_

**ALTERNATE CONTACT (son, daughter, etc.): NAME:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (someone available the day you travel):**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: Day:** \_\_\_\_\_ **Evening:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**SERVICE HISTORY: BRANCH OF SERVICE:** \_\_\_\_\_ **RANK:** \_\_\_\_\_

**HOME TOWN (from which city and state did you enter the service?):** \_\_\_\_\_

**ACTIVITY DURING WWII , KOREAN OR VIETNAM WAR: (Circle one)** \_\_\_\_\_

MEDICAL INFORMATION PROVIDED WILL **NOT** DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFORMATION IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.

Do you use mobility equipment (circle)?: YES OR NO If Yes, please circle device: CANE WALKER WHEELCHAIR SCOOTER

MEDICATION(S):

| <u>MEDICATION</u> | <u>TAKEN HOW OFTEN?</u> | <u>MEDICATION</u> | <u>TAKEN HOW OFTEN?</u> |
|-------------------|-------------------------|-------------------|-------------------------|
| 1.                |                         | 5.                |                         |
| 2.                |                         | 6.                |                         |
| 3.                |                         | 7.                |                         |
| 4.                |                         | 8.                |                         |

Do you have any **DRUG ALLERGIES?**: \_\_\_\_\_

Do you have any history of **SEIZURE** (circle)? YES OR NO

PLEASE DESCRIBE WHAT TYPE (i.e. grand mal, petit mal, other): \_\_\_\_\_  
 WHEN WAS YOUR LAST SEIZURE: \_\_\_\_\_ IF WITHIN THE PAST 5 YEARS, IT IS STRONGLY ADVISED THAT YOU DISCUSS THE TRIP WITH YOUR PRIVATE PHYSICIAN!

Do you have **MOTION SICKNESS** (sea or air)?: YES OR NO

If yes, is it controlled with medication? YES OR NO

If motion sickness is not controlled with medications, it is **STRONGLY** advised you discuss the trip with your private Physician!

Do you have any **BREATHING PROBLEMS**? YES OR NO If Yes, please describe: \_\_\_\_\_

Do you use a home nebulizer machine? YES OR NO If Yes, it is **STRONGLY** advised you discuss the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.

Do you use **OXYGEN** at any time? YES OR NO If Yes, you will need your private physician to write a prescription for oxygen to be used during the trip and tour. The prescription should be turned in with the application.

Do you have a **problem walking the length of a football field** without assistance? YES OR NO

If yes, please describe the reason (i.e. lung problems, arthritis, heart problems, etc):  
\_\_\_\_\_

Do you have a history of **open head injuries sinus problems or ear problems**? YES OR NO

If yes, have you traveled since the open head injury, sinus or ear problems occurred? YES OR NO

If yes, did you have a problem? YES OR NO If yes, it is strongly advised you discuss the trip with your private physician.

Do you have a **UROSTOMY** or **COLOSTOMY BAG**? YES OR NO

If yes, please make sure the bag is vented prior to the trip. if you do not know if your bag is vented, it is strongly advised that you discuss this issue with your private physician.

**ADDITIONAL COMMENTS OR CONCERNS:**

|                                     |
|-------------------------------------|
| <br><hr/><br><hr/><br><hr/><br><br> |
|-------------------------------------|

**PLEASE REVIEW CAREFULLY AND SIGN:**

The Undersigned Acknowledges and Agrees That:

1. As Photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the Honor Flight program. I hereby release the photographs. I hereby give permission for my images captured during Honor Flight activities through video, photo, or other media to be used solely for the purposes of Honor Flight promotional material and publications, and waive any rights or compensation or ownership thereto.
2. I further state that medial insurance is the responsibility of the veteran and I understand that Honor Flight does not provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (EMAIL APPLICANTS WILL BE REQUIRED TO SIGN PRIOR TO TRIP DATE)

**COVENANT NOT TO SUE AND INDEMNITY AGREEMENT**

I \_\_\_\_\_, am about to voluntarily participate in various activities, including flying activities, of the Honor Flight™ Inc., as passenger. In consideration of this organization permitting me to participate in these activities, I, for myself, my heirs, administrators, executors and assigns, hereby covenant and agree that I will never institute, prosecute, or in any way aid in the institution or prosecution of, any demand, claim or suit against the organization known as Honor Flight for any destruction, loss, damage or injury (including death) to my person or property which may occur from any cause whatsoever as a result of my participation in the activities of the Honor Flight™ Inc. organization.

If I, my heirs, administrators, executors, or assigns should demand, claim, sue or aid in any way in such a demand, claim or suit, I agree, for myself, my heirs, administrators, executors, and assigns to indemnify the Honor Flight™ Inc. organization for all damages, expenses, and costs it may incur as a result thereof.

I know, understand, and agree that I am freely assuming the risk of my personal injury, death or property damage, loss or destruction that may result while participating in Honor Flight™ Inc. activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of the Honor Flight(TM) Inc. organization.

I also understand and agree that I may be held liable for any damages or loss to the Honor Flight™ Inc. organization which is caused by my gross negligence, willful misconduct, dishonesty, or fraud and for limited damages or loss to the Honor Flight™ Inc. organization which is caused by my simple negligence.

I further understand that the term Honor Flight organization includes the non-profit organization known as Honor Flight, any officer, agent and/or employee thereof.

The undersigned hereby waives all claims of liability that the passenger or passenger's legal representatives, heirs, successors, and assigns may have against Honor Flight, its officers, agents, directors, employees, legal representative, and their successors and assigns. The passenger covenants not to initiate a lawsuit or administrative complaint or charge or commence any sort of action or proceeding whatsoever against Honor Flight or its current and former officers, agents, directors, employees, legal representative, their successors and assigns at any time. The passenger will notify Honor Flight of such consideration or decision and give Honor Flight™ Inc. ninety (90) days to resolve the issues before pursuing any such claim or action.

The undersigned passenger assumes the risks of injury or death in connection with the activities of Honor Flight. The passenger acknowledges that there may be risks, either not known to the passenger or not readily foreseeable, and the passenger fully accepts and assumes all such risks and responsibility for losses, costs and damages the passenger may incur as a result of the passenger's participation in the activities on behalf of him/herself, his/her personal representatives, heirs, successors, assigns, and children, whether the risks are caused by the negligence of Honor Flight or any person otherwise.

|                                    |           |
|------------------------------------|-----------|
| DATE                               | SIGNATURE |
| SIGNATURE OF HONOR FLIGHT OFFICIAL |           |

I authorize Honor Flight™ Inc. officials to release my contact information (home phone and address) to other requesting individuals who participate in the same flight for purposes of communication and camaraderie with other participants. Please circle one and initial: YES NO Initials \_\_\_\_\_.

## MEDICAL INFORMATION

The purpose of this form is to provide Honor Flight™ Inc. and/or emergency medical technicians information about the participants should an emergency arise.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Known allergies to medications: \_\_\_\_\_

Known medical conditions (attach list of medications)

### EMERGENCY CONTACT INFORMATION

In case of an emergency, please list the name, address and phone number of the person(s) you would like Honor Flight™ Inc. to contact on your behalf.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

I hereby authorize the Honor Flight™ Inc. organization, its officers, employees, members, participants, users and/or volunteers, to take the action they believe is appropriate in an emergency situation. Further, I agree to indemnify and hold harmless the Honor Flight™ Inc. organization, any officer, employee, member, participant, user and/or volunteer thereof, against any claim(s) arising out of said emergency care.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

### **Please submit this form to:**

**Honor Flight/Pontano  
Williamstown High School  
700 N. Tuckahoe Road  
Williamstown, NJ 08094**

### **For more information:**

**Phone: (856) 589-5072  
Email: [pontano176@comcast.net](mailto:pontano176@comcast.net)  
[www.sjhonorflight.org](http://www.sjhonorflight.org)**