



VETERAN APPLICATION



Honor Flight® of West Central Florida, Inc. (“Honor Flight”) recognizes America’s War Era Veterans for their sacrifice and service by flying them **FREE OF CHARGE** to Washington, D.C. to visit and reflect at the memorial dedicated in their honor. Top priority is given to WWII and terminally ill Veterans. Once these groups have flown, Honor Flight is committed to fly Veterans from the Korean, Vietnam and Gulf wars. In order to provide a safe and memorable experience, you will be assigned a trained Guardian to accompany you on the trip. For what you have given to us, please consider this a small token of appreciation from all of us at Honor Flight. For more information, please contact us at info@honorflightwcf.org, call us at 727-498-6079 or visit our website at www.honorflightwcf.org.

YOUR NAME: _____ **NICK NAME:** _____ **SEX:** _____
First Middle Last

(Name must match photo ID with D.O.B. for airline travel – Driver’s License, passport, VA ID card, etc.)

ADDRESS: _____

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **CELL PHONE:** _____

E-MAIL: _____ **D.O.B.*:** _____

**REQUIRED (MM/DD/YYYY)*

YOUR SHIRT SIZE: Small Medium Large Extra Large (XL) XXL XXXL

EMERGENCY CONTACT INFORMATION (SPOUSE OR OTHER – NOT GUARDIAN ON FLIGHT):

NAME: _____ **RELATIONSHIP:** _____

PHONE: _____ **CELL PHONE:** _____

EMAIL: _____

ALTERNATE EMERGENCY CONTACT INFORMATION (NOT SPOUSE OR GUARDIAN ON FLIGHT):

NAME: _____ **RELATIONSHIP:** _____

PHONE: _____ **CELL PHONE:** _____

EMAIL: _____

SERVICE HISTORY

I am a: WWII Veteran Korean War Veteran Vietnam War Veteran Other: _____

BRANCH OF SERVICE: _____ **DATES SERVED:** _____

THEATER(S) WHERE YOU SERVED: _____

ACTIVITY DURING YOUR SERVICE: _____

NAME: _____

MEDICAL INFORMATION

Medical information provided allows us to assess the support needed during the trip.

Are you under hospice care? YES NO

Please indicate any mobility equipment you use: CANE WALKER WHEELCHAIR SCOOTER

Are you able to climb a minimum of four (4) stairs without assistance? YES NO

Do you use oxygen at any time? YES NO

If YES, what is your flow setting? _____

If YES, you will need your physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided. The prescription should be turned in with the application.

Do you use a home nebulizer machine? YES NO

If YES, you are STRONGLY encouraged to discuss the trip with your physician concerning the use of portable hand-held nebulizers during the trip.

Do you have a history of seizure? YES NO

If YES, when was your last seizure? _____

And what type (i.e., grand mal, petit mal, other)? _____

If within past 5 years, we STRONGLY advise you to discuss trip with your physician, and we may require a signed clearance from your physician.

Do you have any drug allergies? If so, please list below _____

Do you have any food allergies or restrictions? If so, please list below.

Do you have diabetes? YES NO

If yes, injected or oral? INJECTED ORAL

Does your medication require refrigeration? YES NO

Do you carry glucose with you? YES NO

PRESCRIPTION MEDICATIONS

If additional medications are taken, please include an additional sheet.

MEDICATION NAME	DOSAGE	FREQUENCY	REASON FOR TAKING

GENERAL INFORMATION

May we contact you in the future about Honor Flight activities/events? YES NO

Have you ever been on an Honor Flight tour before? YES NO

BUDDY INFORMATION

If you and a fellow Veteran would like to travel together, please ask him/her to complete a Veteran Application. In addition, please include your buddy's name and number below so that we may try to pair you together on the same flight.

Buddy's Name: _____ Phone: _____

GUARDIAN INFORMATION

To help ensure a safe and memorable experience, Honor Flight will assign you your own personal "Guardian" for the day. Your trained "Guardian" will provide excellent care and is responsible for being by your side throughout the trip.

If there is someone specific (ages 18-70) you would like to be considered to act as your Guardian, please list that person's contact information below. The Guardian Application found at www.honorflightwcf.org must be completed by your potential Guardian and submitted with your Veteran Application to assure consideration, however selection is NOT guaranteed. **Your spouse/significant other is NOT eligible.**

Requested Guardian Name: _____ Phone: _____

Relationship to you: _____

Additional Comments or Concerns: _____

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

1. As photographic and video equipment is frequently used to document Honor Flight trips and events, my 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 any photographer/videographer and Honor Flight from all claims and liability relating to said photographs/videos. 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 understand that I may be featured on news reports or in photographs or video taken by media or news outlets. I understand I have the right to consent/not consent to an interview with any news outlet. I understand that Honor Flight will NOT provide my name, address, telephone number, or any other personal information to any news or media outlet personnel.
3. I understand that Honor Flight will not provide my address, telephone number or any personal information to anyone without my permission or without permission from the Board of Directors of Honor Flight.
4. I understand that medical insurance is the responsibility of the individual passenger and I understand that Honor Flight does NOT provide medical insurance or travel insurance. I understand that Honor Flight personnel do 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.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

Please submit these completed and signed forms to:

**Honor Flight of West Central Florida
P.O. Box 55661
St. Petersburg, FL 33732**



Veteran Covenant Not To Sue and Indemnity Agreement



I agree to voluntarily participate in various activities including, but not limited to, a round-trip flight arranged by Honor Flight® of West Central Florida, Inc. ("Honor Flight"). 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 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 Honor Flight.

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 Honor Flight 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 activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of Honor Flight.

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

I further understand that Honor Flight organization includes the non-profit organization known as Honor Flight® of West Central Florida, Inc. and any officer, director, agent and/or employee thereof.

DATE	SIGNATURE	DATE OF BIRTH
PRINT NAME		
SIGNATURE OF HONOR FLIGHT OFFICIAL		

Please submit this completed and signed form to:

**Honor Flight of West Central Florida
P.O. Box 55661
St. Petersburg, FL 33732**