CONFIDENTIAL
FOR HONOR FLIGHT OF WEST CENTRAL FLORIDA USE ONLY

Last Name: _____ ***Date Rec'd:*** ____/____/__

VETERAN APPLICATION

Honor Flight® of West Central Florida, Inc. ("Honor Flight") recognizes America's Veterans for their sacrifice and service by flying you FREE OF CHARGE to Washington, D.C. to visit and reflect at the memorial dedicated in your honor. This is a one-day trip to Washington flying from St. Pete/Clearwater Airport in Clearwater, FL. 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. 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 call 727-498-6079 and leave a message. We will return your call asap.

YOUR NAME: _____ **SEX:** ☐ M ☐ F
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: _____ **Date of Birth*** _____
**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:** _____

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GENERAL INFORMATION

Have you previously taken an Honor Flight in Florida or any other state? *(Required)*

☐ Yes ☐ No

Do you have any of the following dietary restrictions? *(Required)*

☐ Gluten-Free ☐ Vegan ☐ Vegetarian ☐ None

May we contact you in the future via phone or email about Honor Flight events or activities?

☐ Yes ☐ No

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 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 to be your guardian.**

Requested Guardian Name: _____ Phone: _____

Relationship to you: _____

Additional Comments or Concerns: _____

_____

_____

FLIGHT BUDDY INFORMATION

A buddy is another veteran that is a friend of the applicant. We typically have many veterans that like to fly with another veteran that they are close to, so we make an effort for both to be on the same flight.

Is there another veteran with whom you would like to be on the same flight with? *(Required)*

☐ Yes ☐ No

If yes, buddy's name: _____ Relationship: _____

Last Name: _____ ***Date Rec'd:*** ____/____/__

MOBILITY & MEDICAL INFORMATION

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

Name _____
Last *First* *Middle*

Date of Birth: _____

Mobility Information

Do you use mobility equipment? *(Required)* ☐ Yes ☐ No

Check any that you use:

☐ Cane ☐ Walker ☐ Wheelchair ☐ Scooter

HFWCF will provide each Veteran a wheelchair if needed.
We cannot take mobility walkers or scooters on the flight.

Please indicate your ability to walk two blocks? *(Required)*

☐ Easily, I can walk more ☐ I can, but slowly
☐ I would need some assistance ☐ Not able to walk

Are you able to climb up and go down 4 steps on the bus unassisted? *(Required)*

☐ Yes ☐ No

Do you have any other physical limitations that we should know about? *(Required)*

☐ Yes ☐ No
Please specify: _____

_____

Medical Information

Do you travel with a Service Animal? *(Required)* ☐ Yes ☐ No

What service does the animal provide? _____

Do you use oxygen? *(Required)* ☐ Yes ☐ No

Do you use an oxygen tank or do you use a Portable Oxygen Concentrator? *(Required)*

☐ Oxygen Tank ☐ Portable Oxygen Concentrator

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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 mail the completed application to:

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

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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 mail the completed application to:

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P.O. 55661
St. Petersburg, FL 33732