



**FOR HONOR FLIGHT USE ONLY:**

Last Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Application for Veterans Honor Flight of ND/MN**

**For questions, please call 218-28-HONOR (218-284-6667)**

NAME: \_\_\_\_\_  
(FIRST) (FULL MIDDLE – required for airline) (LAST)

SERVICE HISTORY: Which war/conflict are you a Veteran of? \_\_\_\_\_

What years did you serve? \_\_\_\_\_ Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

T-Shirt Size: S M L XL XXL XXXL XXXXL

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Name as it appears on your ID (if different than above): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip code

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

Email Address: \_\_\_\_\_

**Alternate Contact Information: (son, daughter, etc):**

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

Address: \_\_\_\_\_  
Street City State Zip Code

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

Email Address: \_\_\_\_\_

**Emergency Contact Information (someone available the day you travel such as a spouse):**

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

Address: \_\_\_\_\_  
Street City State Zip Code

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

Hometown Newspaper you would like us to notify: \_\_\_\_\_

**MEDICAL INFORMATION:**

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

This information is necessary so that we may provide you with appropriate medical support during your trip. This information is for the honor flight medical team only and will remain strictly confidential. Your responses to these questions will NOT affect your eligibility. Please fill out this page completely. If something doesn't apply to you, write N/A or NONE. Do not leave any questions blank. Thank you.

List any **drug allergies**: \_\_\_\_\_

List any **food allergies**: \_\_\_\_\_

Do you think you will need a wheelchair for this trip? YES NO Note: Walkers and motorized scooters are not allowed on the flight.

Do you use **OXYGEN** (circle): YES NO If yes, how many liters: \_\_\_\_\_

How often (circle)? Continuous with activity only at night only with CPAP

\*\*\*If you use oxygen, a member of the medical team will contact you.

Do you use a **NEBULIZER** for breathing problems? YES NO You may bring this with you.

Do you have **CONGESTIVE HEART FAILURE**? YES NO **PACEMAKER/DEFIBRILLATOR** YES NO

Do you have **DIABETES**? YES NO Do you use (circle): PILLS INSULIN NOTHING to treat?

Do you have **SEIZURES**? YES NO \*\*\*If yes, a member of our medical team will contact you.

Do you have a history of **open head injuries**? YES NO **Ear problems**? YES NO

Glaucoma or elevated eye pressure? YES NO \*\*\*If yes to any of these, please describe

Do you have a terminal illness? \_\_\_\_\_

Do you have a **Living Will / Advanced / Directive**? If yes, please submit a copy with this application in order to have your wishes honored while on the trip.

**MEDICATIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*Honor Flight realizes you may need help. You may bring one escort with to assist you however, there is a fee of \$1100 for an escort to travel with you. The escort must be capable of handling all luggage and pushing your wheelchair if needed. Unfortunately, the Honor Flight Network **does not allow non-Veteran spouses to go as escorts** except in cases of rare medical necessity (in which case, the Honor Flight Board of Directors will vote on it). Volunteers and assistants will be available for those Veterans who need extra help but don't have an escort.

Do you need a family member escort for mobility or medical reasons: YES NO

If Yes, please describe \_\_\_\_\_

**MEDIA RELEASE**

The undersigned acknowledges and agrees that:

- As photographic and video equipment are frequently used to memorialize and document Veterans Honor Flight of ND/MN 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 photographer and Veterans Honor Flight of ND/MN from all claims and liability relating to said photographs. I hereby give permission for my images captured by Veterans Honor Flight of ND/MN or its agents during Veterans Honor Flight of ND/MN activities through video, photo, or other media, to be used solely for the purposes of Veterans Honor Flight of ND/MN promotional material and publications, and waive any rights or compensation or ownership thereto.
- I further state that medical insurance is the responsibility of the veteran or escort and I understand that Veterans Honor Flight of ND/MN does **NOT** provide medical care. I understand that I accept all risks associated with travel and other Veterans Honor Flight of ND/MN activities and will not hold Veterans Honor Flight of ND/MN responsible for any injuries incurred by me while participating in the honor flight program.

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<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
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**COVENANT NOT TO SUE AND INDEMNITY AGREEMENT**

I, \_\_\_\_\_, am about to voluntarily participate in various activities, including flying activities, of the Veterans Honor Flight of ND/MN as a 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 organizations 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 Veterans Honor Flight of ND/MN 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 Veterans Honor Flight of ND/MN 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 Veterans Honor Flight of ND/MN activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of the Veterans Honor Flight of ND/MN organization.

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

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<b>Name (please print)</b>	<b>Signature</b>	<b>Date</b>
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I hereby authorize the Veterans Honor Flight of ND/MN organization, it's 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 Veterans Honor Flight of ND/MN organization, and officers, employees, members, participants, users and/or volunteers, thereof, against any claim(s) arising out of said emergency care.

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<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
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