



For Honor Flight Use Only: Last Name: _____ Date Received: _____
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APPLICATION FOR WESTERN ND HONOR FLIGHT
FOR QUESTIONS, PLEASE CALL 1-701-527-3480

NAME: _____
 (FIRST NAME) (FULL MIDDLE NAME) (LAST) this is used for airline purposes

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

What years did you serve? _____ Branch of service _____

Birth date: _____ Age: _____ Male: _____ Female: _____ Nickname _____

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: _____ City: _____ State: _____ Zip: _____

Phone: Day _____ Evening: _____ Cell: _____

Email address: _____

ALTERNATE CONTACT INFORMATION: (SON, DAUGHTER, ETC.)

Name: _____ Relationship: _____

Address: _____ City _____ State: _____ Zip _____

Phone: Day _____ Evening: _____ Cell: _____

Email address: _____

EMERGENCY CONTACT INFORMATION (someone available the day you travel with us)

Name: _____ Relationship: _____

Address: _____ City _____ State: _____ Zip _____

Phone: Day _____ Evening: _____ Cell: _____

Do you have a hometown newspaper you would like us to notify? _____

MEDICAL INFORMATON:

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 confidential. Your responses to these questions will not affect your eligibility. Please fill out this page completely. If something does not apply to you, please write N/A or NONE. Do not leave any questions blank, Thank you.

Please list any **drug allergies**: _____

Please list any **food allergies**: _____

Do you think you may need a wheelchair for this trip for any amount of time? YES NO Note: Walkers or motorized scooters are **not** allowed on this trip. We will gladly provide you with a wheelchair for any amount of time you need it.

Do you use **OXYGEN**: YES NO If yes, how many liters? _____

How Often? (circle one) Continuous With activity only at night only with CPAP

*** If you use oxygen, a medical team member will be in contact with 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**? YES NO

Describe your illness. _____

Do you have a **Living Will/Advanced Directive**? If yes, please submit a copy with this application.

MEDICATIONS-Please list

*** Honor Flight recognizes you may need assistance. You can bring one escort with you however there is a fee of \$1,100 for that escort. They must be capable of handling all luggage and pushing your wheelchair if needed. They must be aware of any medical conditions of the Veteran. We ask you to take this option only if necessary, we do not want to take a seat away on the plane from a deserving Veteran, however this YOUR trip and we want you to be comfortable. Honor Flight volunteers will be available to assist Veterans who need assistance and do not have an escort. The Honor Flight Network does not allow non-Veteran spouses to go as an escort except in rare medical needs.

Do you need a family member escort to participate with you? YES NO

NAME OF ESCORT _____ Relationship _____

PHONE # _____

MEDIA RELEASE

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

PRINT NAME

SIGNATURE

DATE

COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I, _____. Am about to voluntarily participate in various activities, including flying activities, of the Western ND Honor Flight as a passenger. In consideration of this organization permitting me to participate in their 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 institute or prosecution of, any demand, claim or suit against the organization known as Western ND 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 western ND Honor Flight organization

If I, my heirs, administrators, executors, or assigns should demand, claim, sue or aid in any way in such demand, claim or suit, I agree, for myself, my heirs, administrators, executors and assigns to indemnify the Western ND Honor Flight 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 Western ND Honor Flight activities, including such injuries , death, damage, loss or destruction as may be caused by the negligence of Western ND Honor Flight organization.

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

Name (please print) _____ **Signature** _____ **Date** _____

I hereby authorize the Western ND Honor Flight 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 Western ND Honor Flight organization, and officers, employees, members, participants, users and/or volunteers, thereof, against any claim(s) arising out of said emergency care.

Name (please print) _____ **Signature** _____ **Date** _____

BIOGRAPHY WORKSHEET

***This information will be used to write a biography book about you which will be printed in a book and given to each Veteran on Honor Flight. Please fill out as much as you can or attach additional sheets if needed.

Name: _____ Middle _____ Last _____

Branch of Service: _____ Rank: _____

Which war/conflict are you a Veteran of: _____

What years did you serve (approximate dates)? _____

Hometown: _____

Where did you go to basic training? _____

What unit, fleet, company, division etc. did you serve in? _____

Where were you stationed? _____

What were your duties? _____

What was your proudest moment, fondest memory or accomplishment during your service? Do you still stay in touch with other members you served with?

What did you do for work/career after your discharge?

Tell us about your family. Did you marry? What year? Wife's name? Children? Grandchildren? Hobbies, etc.

PLEASE RETURN ALL PAGES OF THIS COMPLETED FORM TO:

WESTERN ND HONOR FLIGHT
PO Box 265
Bismarck ND 58502

For questions or concerns, please call: 1-701-527-3480

Web Site: westernndhf.org

Email: westernndhf@gmail.com

Facebook: [Western ND Honor Flight.org](http://WesternNDHonorFlight.org)