



For Honor Flight Use Only:
Last Name: _____
Date Received: _____

**APPLICATION FOR WESTERN ND HONOR FLIGHT
FOR QUESTIONS, PLEASE CALL 1-701-220-1568**

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____
***ATTACH COPY OF PHOTO ID* (this is used for airline purposes)**

SERVICE HISTORY

Which war/conflict are you a Veteran of? _____

What years did you serve? _____

Branch of Service: _____ Rank: _____

Birth date: _____ Age: _____ Nickname: _____

Male: _____ Female: _____

T-Shirt Size: S M L XL 2XL 3XL 4XL

Jacket Size: S M L XL 2XL 3XL 4XL

Address: _____ City: _____

County: _____ State: _____ Zip: _____

Phone Day: _____ Evening: _____ Cell: _____

Email Address: _____

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

**LIST TWO EMERGENCY CONTACTS (SPOUSE, SON, DAUGHTER, ETC.)
SOMEONE AVAILABLE THE DAYS YOU TRAVEL**

Name: _____ **Relationship:** _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Day: _____ Evening: _____ Cell: _____

Email Address: _____

Name: _____ **Relationship:** _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Day: _____ Evening: _____ Cell: _____

Email Address: _____

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, your 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, compensation, or ownership thereto.
2. I further state that medical insurance is the responsibility of the Veteran or travel companion 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.

PRINT NAME:

SIGNATURE:

DATE:

EMERGENCY CARE RELEASE

I hereby authorize the Western ND Honor Flight 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 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.

PRINT NAME:

SIGNATURE:

DATE:

MEDICAL INFORMATION

First Name: _____ Middle: _____ Last Name: _____

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.

List any **drug allergies**:

List any **food allergies**:

What type of Reaction?

Do you use **OXYGEN**? YES or 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 or NO (you may bring this with you)

Do you have **CONGESTIVE HEART FAILURE**? YES or NO

Do you have **PACEMAKER/DEFIBRILLATOR**? YES or NO

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

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

Do you have a history of **OPEN HEAD INJURIES**: YES or NO

Do you have **EAR PROBLEMS**? YES or NO

Do you have **GLAUCOMA** or **ELEVATED EYE PRESSURE**? YES or NO

If yes to any of these, please describe:

Do you have any other medical conditions we should be aware of?

Do you use a wheelchair full time? YES or NO

Do you think you may need a wheelchair for this trip for any amount of time? YES or NO

*Walkers or motorized scooters are not allowed, canes ARE allowed. We will gladly provide you with a wheelchair for any amount of time you need it.

Do you have a **TERMINAL ILLNESS**? YES or NO

Describe your illness:

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

MEDICATIONS-Please list

TRAVEL COMPANION INFORMATION:

Honor Flight recognizes you may need assistance. You may bring one travel companion with you; however, there is a fee of \$1,200 for a travel companion. The travel companion must be capable of handling all luggage and pushing your wheelchair, if needed. The travel companion must be aware of any medical conditions you may have. Honor Flight volunteers will be available to assist Veterans who need assistance and do not have a travel companion. The Honor Flight Network does **NOT** allow spouses or partners to go as a travel companion.

Do you need a travel companion to accompany you? YES or NO

Name of Travel Companion: _____

Relationship: _____

Phone Number: _____

BIOGRAPHY WORKSHEET

This information will be used to write a biography about you which will be printed in a book and given to each Veteran on the Honor Flight. Please fill out as much as you can or attach additional sheets if needed. IF YOU SERVED IN MULTIPLE BRANCHES OF SERVICE, CONTINUE ON BACK SIDE OR ATTACH ADDITIONAL SHEET(S).

Name: _____ Middle: _____ Last: _____

Which war/conflict are you a Veteran of: _____ Branch of Service: _____

Rank: _____ What years did you serve (approximate dates)? _____

Birth Hometown: _____ Current 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 most memorable 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 from Active Duty?

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

For questions or concerns, please call: 1-701-220-1568

Website: westernndhf.org

Email: info@westernndhf.org

Facebook: Western ND Honor Flight

PLEASE RETURN THE COMPLETED FORMS TO:

Application

Medical Information/Medication List

Media Release/Covenant Not to Sue/Emergency Care Release

Biography Worksheet

Western ND Honor Flight

P.O. Box 265

Bismarck, ND 58502