



# Veteran Application 2024

(Remember to sign the last page agreement)

Honor Flight Philadelphia recognizes our veterans for their sacrifices and achievements by taking our veterans to Washington, DC to see their memorial, as our guests.

Top priority is given to terminally ill veterans from all wars.

So that Honor Flight Philadelphia may help ensure a safe, memorable and rewarding experience, guardians travel with the veterans on every trip providing assistance and support. For what you and your comrades have given, please consider this a small token of our appreciation from all of us at Honor Flight Philadelphia. For further information, please contact

Cathy at 610-613-3865 or [cathy@honorflightphiladelphia.org](mailto:cathy@honorflightphiladelphia.org)

Your Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Primary \_\_\_\_\_ Phone: Cell \_\_\_\_\_ Phone: Winter \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_ Weight: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

How did you hear about Honor Flight Philadelphia? \_\_\_\_\_

## Service History

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Country(ies) Where You Served: \_\_\_\_\_

Activity during wartime: \_\_\_\_\_

## **Family/Friend Contact - NOT YOUR SPOUSE**

Name: \_\_\_\_\_ Phone: Primary \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Spouse Contact

Name: \_\_\_\_\_ Phone: Primary: \_\_\_\_\_

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

(Remember to sign the last page agreement)

Emergency Contact (Someone available the day you travel)

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

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

Phone: Primary \_\_\_\_\_ Phone: Cell \_\_\_\_\_

If you wish to experience your trip to Washington with a veteran buddy, please list his name and phone number. **Your buddy must also submit an application**, there is no guarantee that you will travel together. We suggest submitting your applications together.

Buddy's Name: \_\_\_\_\_ Buddy's Phone: \_\_\_\_\_

If you would like to name a specific relative or friend to act as the Guardian who will be accompanying you, please list his/her name and phone number. **Your spouse is NOT eligible to act as Guardian.** Your children, grandchildren over the age of 16 or other relatives are welcome to apply as Guardian. Every effort will be made to accommodate your request.

Requested Guardian Name: \_\_\_\_\_

Requested Guardian Phone: \_\_\_\_\_

**Requested guardian must complete a "Guardian Application" to accompany you.**

Additional Comments or Concerns: \_\_\_\_\_

**Please Review Carefully and Sign:**

The undersigned acknowledges and agrees that:

As photographic and video equipment are frequently used to memorialize and document Honor Flight Philadelphia 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 Philadelphia program. I hereby release all media creators and Honor Flight Philadelphia from all claims and liability relating to said media. I hereby give permission for my images captured during Honor Flight Philadelphia activities through video, photo, or other media, to be used solely for the purposes of Honor Flight Philadelphia promotional material and publications and waive any rights of compensation or ownership thereto.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FILL OUT THE MEDICAL INFORMATION ON THE NEXT PAGE AND INCLUDE IT WITH YOUR APPLICATION. WE MUST HAVE ALL 3 PAGES. THANK YOU!**

## YOUR MEDICAL INFORMATION

So that we may assist you as appropriate, please provide the following information. Information provided will NOT disqualify you. It permits us to assess the support we need to provide during the trip. Information is for Honor Flight Philadelphia and volunteer personnel only. Your signature on this page grants us the right to share your information with our volunteer medical, flight and administrative staff.

Do you use mobility equipment?      Yes      No      If yes, please check the device:      Cane      Walker  
Wheelchair      Scooter

Do you have a history of seizures?      Yes      No      Please describe: \_\_\_\_\_  
When was your last seizure? \_\_\_\_\_ (i.e. grand mal, petit mal, other)

If within the last 5 years, we ***STRONGLY*** advise you discuss the trip with your private physician!

Do you have problems with motion sickness (sea or air)?      Yes      No  
If yes, is it controlled with medications?      Yes      No  
If motion sickness is not controlled with medication, it is ***STRONGLY*** advised that you discuss the trip with your private physician.

Do you have any breathing problems?      Yes      No  
If yes, please describe: \_\_\_\_\_

Do you use a home nebulizer machine?      Yes      No  
If yes, you are ***STRONGLY*** advised to discuss the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.

**Do you use oxygen at any time?**      Yes      No  
If yes, your private physician must write a prescription for oxygen to be used during the trip and during the tour. Oxygen will be provided by Honor Flight Philadelphia. The prescription **MUST** be turned in with your application.

Do you have a problem walking the length of a football field unassisted?      Yes      No  
If yes, please describe the reason (i.e. lung problems, arthritis, heart problems, etc): \_\_\_\_\_

Do you have a history of open head injuries, sinus problems, or ear problems?      Yes      No  
If yes, have you flown since the problem occurred?      Yes      No  
If yes, did you have any problems?      Yes      No  
If yes, it is ***STRONGLY*** advised you discuss the trip with your private physician. If you have never flown since the problem occurred, again we ***STRONGLY*** advise that you discuss the trip with your private physician.

Do you have a urostomy or colostomy bag?      Yes      No  
If yes, please make sure the bag is vented prior to flight, If you do not know if your bag is vented, you must discuss the issue with your private physician.

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

**MEDICATIONS** (name and how often taken - If necessary, attach an additional sheet.)

Medication	Taken how often?	Medication	Taken how often?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I state that medical insurance is my responsibility and I understand that Honor Flight Philadelphia does **not** provide medical care. I understand that I accept all risks associated with travel and other Honor Flight Philadelphia activities and will not hold Honor Flight Philadelphia responsible for any injuries or illness incurred by me while participating in the Honor Flight Philadelphia program.

Print your name and sign below it:

Print: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Please print and submit this form to:

**Honor Flight Philadelphia  
Veterans Application  
P.O. Box #003  
Broomall, Pa 19008**

**Please remember to sign this agreement**

**A COVENANT NOT TO SUE AND INDEMNIFICATION AGREEMENT**

I, \_\_\_\_\_, am about to voluntarily participate in various activities, including (but not limited) to flying activities, of the Honor Flight Philadelphia, Inc. and Honor Flight(TM) Inc., as passenger. In consideration of (i) the Honor Flight Philadelphia, Inc. and Honor Flight (TM) Inc. permitting me to participate in these activities and (ii) the entity providing free aircraft and flight service in connection with the Honor Flight Philadelphia, Inc. and Honor Flight (TM) Inc. activities (the "Flight Provider"), 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 Honor Flight Philadelphia, Inc. and Honor Flight (TM) Inc. (including the organization known as The Honor Flight Network) or against the Flight Provider (collectively, the "Released Parties") for any destruction, loss, damage or injury (including death) to my person or property, whether or not now known or foreseeable, which may occur from any cause whatsoever as a result of my participation in the activities of the Honor Flight Philadelphia, Inc. and Honor Flight (TM) Inc. organizations.

If I, my heirs, administrators, executors, or assigns should demand, claim, sue or aid in any way in such a demand, claim or suit against the Released Parties in connection with my participation in the activities of the Honor Flight Philadelphia, Inc. and Honor Flight (TM) Inc. organization, I agree, for myself, my heirs, administrators, executors and assigns to indemnify the Released Parties 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 the Honor Flight Philadelphia, Inc. and Honor Flight (TM) Inc. activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of the Released Parties.

I also understand and agree that I may be held liable for any damages or loss to the Honor Flight Philadelphia, Inc. and Honor Flight (TM) Inc. organization or to the Flight Provider which is caused by my gross negligence, willful misconduct, dishonesty or fraud and for limited damages or loss to the Honor Flight Philadelphia, Inc. and Honor Flight (TM) Inc. organization or the Flight Provider which is caused by my simple negligence.

I further understand that the term Honor Flight Philadelphia, Inc. and Honor Flight (TM) Inc. organization includes the non-profit organization known as Honor Flight, any officer, agent and/or employee thereof. I further understand that the term Flight Provider includes any director, officer, agent, attorney, employee or affiliate thereof and any pilot, aircraft owner or others providing services to the Flight Provider.

I understand and acknowledge that I may seek advice from legal counsel before signing this release. By signing this release, I acknowledge that either I have sought the advice of legal counsel or wish to now waive the opportunity to consult a lawyer before signing this release.

DATE	SIGNATURE
SIGNATURE OF HONOR FLIGHT OFFICIAL <i>Cathy Domizio</i>	

I authorize Honor Flight Philadelphia, Inc. and Honor Flight (TM) Inc. officials to release my contact information (home phone and address) to other requesting individuals who participate in the same flight for purposes of communication and camaraderie with other participants. Please circle one and initial: **YES** **NO** Initials \_\_\_\_\_