

FOR HONOR FLIGHT USE ONLY: LAST NAME: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_



# Veteran Application

Honor Flight Network recognizes American Veterans for your sacrifices and achievements by having you to Washington DC to see YOUR memorial at no cost. Top priority is given to WWII and terminally ill veterans from all wars. Honor Flight Network will be expanding to include Korean and Vietnam Veterans. For Honor Flight Network to achieve this goal, guardians fly with the Veterans on every flight providing assistance and helping Veterans have a safe, memorable and rewarding experience. For what you and your comrades have given to us, please consider this a small token of appreciation from all of us at Honor Flight Network. For further information, please contact us at 505.835.1993 or visit us at <http://www.honorflightnorthernnm.org>.

**YOUR NAME:** \_\_\_\_\_ **NICK NAME:** \_\_\_\_\_

(Please List Your First, Middle & Last Name as it appears on your driver's license or government ID.) (If Applicable)

**ADDRESS:** \_\_\_\_\_ **GENDER:** \_\_\_ M \_\_\_ F

**CITY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT HONOR FLIGHT?** \_\_\_\_\_

\_\_\_\_\_ **TEE SHIRT SIZE: (S, M, L, XL, XXL, XXXL)** \_\_\_\_\_

**PREFERRED DEPARTING AIRPORT:** \_\_\_\_\_

**ALTERNATE CONTACT** (son, daughter, etc): **NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (someone available the day you travel):

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

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

**PHONE:** Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

**SERVICE HISTORY:** **BRANCH OF SERVICE:** \_\_\_\_\_ **RANK:** \_\_\_\_\_

**HOME TOWN** (from which city and state did you enter the service?): \_\_\_\_\_

**ACTIVITY DURING WWII / KOREAN / VIETNAM (CIRCLE ONE)** \_\_\_\_\_

**MEDICAL:** INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFO IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.

Do you use mobility equipment? YES NO. If YES, please circle device: CANE WALKER WHEELCHAIR SCOOTER

| MEDICATION | TAKEN HOW OFTEN? | MEDICATION | TAKEN HOW OFTEN? |
|------------|------------------|------------|------------------|
| _____      | _____            | _____      | _____            |
| _____      | _____            | _____      | _____            |
| _____      | _____            | _____      | _____            |
| _____      | _____            | _____      | _____            |

PLEASE COMPLETE BACK PAGE

Do you have any **drug allergies**? \_\_\_\_\_

Do you have a history of **seizure**? YES NO Please describe what type (i.e. grand mal, petit mal, other) \_\_\_\_\_

When was your last seizure? \_\_\_\_\_. If within past 5 years, **STRONGLY** advised you discuss 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 medications, it is **STRONGLY** advised 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** encouraged 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, you will need your private physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided. The prescription should be turned in with the application.

Do you have a **problem walking** the length of a football field without assistance? YES NO. If yes, please describe the reason (e.g. 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 open head injury, sinus or ear problems 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 open head injury, sinus or ear problems, again we **STRONGLY** advise 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, it is **STRONGLY** advised that you discuss this issue with your private physician.

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

**PLEASE REVIEW CAREFULLY AND SIGN:**

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 *Honor Flight* from all claims and liability relating to said photographs. 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 further state that medical insurance is the responsibility of the veteran and I understand that neither Honor Flight nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNED:

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ (E-mail applicants will be required to sign prior to actual flight date)

**PLEASE SUBMIT THIS FORM ALONG WITH A COPY OF YOUR DD214 TO:**

Honor Flight of Northern New Mexico  
ATTN: Veteran Application  
PO Box 14103  
Albuquerque, NM 87191

**OR FAX TO:**

505-835-1993

# CONDITIONS & LIABILITY FORM



**Please read, sign and return a copy**

I, \_\_\_\_\_, am about to voluntarily participate as a passenger on various activities of Honor Flight of Northern New Mexico (hereinafter referred to as HFNNM). In consideration of valuable services provided in allowing me to participate in these activities, I, for myself, my heirs, administrators, executors, assigns, agents and successors agree that the legal responsibilities of HFNNM is strictly limited. HFNNM has organized certain travel services, including air and surface transportation which HFNNM purchases or reserves from various suppliers. The suppliers providing travel services for HFNNM tour programs are independent contractors and are not agents or employees of HFNNM. HFNNM does not act as an agent for any party whatsoever. HFNNM is not responsible for the willful or negligent acts and/or omissions of such suppliers or any air carrier, motor coach line or the respective employees, agents, servants, or representatives including without limitation, their failure to deliver on their partial or inadequate delivery of services.

Furthermore, as a result of my participation in the activities of HFNNM, I agree that neither HFNNM nor any representative, officer or agent shall be liable for any accident, injury, property damage or personal loss to me in connection with any transportation or other travel services, or resulting directly or indirectly from any occurrences, or conditions, including, but not limited to acts of terrorism, war, defects in vehicles, breakdown of equipment, strikes, theft, delay or cancellation of, or changes in, itinerary or schedules.

HFNNM reserves the right to decline or not retain any person as a member of any tour or to cancel or alter the tour without notice. However, no person will be refused from participation of a tour based on race, sex, excess age, religion, disability or any other grounds for which refusal would violate federal, state or other governmental laws or regulations. If any provision of this agreement is found to be unenforceable in any jurisdiction, the remaining provisions hereof shall remain in full force and effect. I hereby authorize and give full consent to HFNNM to copyright or publish all photographs, movies, videos, or tape recordings in which I appear while a participant in any and all HFNNM programs. HFNNM may use, or cause to be used, this above material for any purpose without limitations or reservation.

*The law that will apply to any dispute between us is the law of the State of New Mexico. You understand and agree that any dispute we cannot resolve informally will be decided by a judge in a court in New Mexico only, and no party to the dispute may request a jury to decide the dispute.*

I have read, understand and agree to the above statements and waiver of liability and all written materials concerning this tour including, but not limited to, tour conditions, liability and tour cancellations.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Honor Flight of Northern New Mexico  
Conditions/ Liability Form  
2015