

FOR HONOR FLIGHT USE ONLY: LAST NAME: _____

DATE RECEIVED: ___/___/___



VETERAN APPLICATION

Honor Flight Network recognizes American Veterans for our sacrifices and achievements by taking you to Washington D.C., to see YOUR memorial at no cost. Top priority is given to WWII, Korean War, and terminally ill veterans from all wars. Honor Flight Network will expand to other conflicts starting with Vietnam War Veterans. For Honor Flight Network to achieve this goal, guardians fly with the Veterans on every flight assisting in 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 for all of us at Honor Flight Network. For further information, please contact us at 505.835.1993 or visit us at www.honorflightnorthernnm.org.

Please Note: As of May 3rd, 2023, anyone going on a Northern New Mexico Honor Flight will be required to have a valid "REAL ID" to travel by air. For more information regarding this national policy, please visit: www.dhs.gov/real-id-frequently-asked-questions. www.dhs.gov/real-id-frequently-asked-questions.

YOUR NAME: _____ NICKNAME: _____

(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) _____

Email 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: _____ EMAIL: _____ RELATIONSHIP: _____

EMERGENCY CONTACT INFORMATION (Someone available the day you travel):

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: (Day) _____ (Evening) _____ (Cell Phone) _____

SERVICE HISTORY: BRANCH OF SERVICE: _____ RANK: _____

HOME TOWN (From which city and state did you enter the service?): _____

ACTIVITY DURING WWII / KOREAN WAR / VIETNAME WAR (circle one): _____

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REQUIRED MEDICAL INFORMATION

INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. THIS INFORMATION WILL REMAIN CONFIDENTIAL WITH HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.

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

MEDICATION	HOW OFTEN TAKEN?	MEDICATION	TAKEN HOW OFTEN?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any **drug allergies**? _____

Do you have a history of seizures? YES NO Please describe what type (i.e: grand mal, petit mal, other) _____

When was your last seizure? _____ If within the past 5 years, it is **STRONGLY** advised 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 medications, it is **STRONGLY** advised you to discuss the trip with your private physician!

Do you have **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 the tour. Make sure the prescription includes the frequency and flow rates for your oxygen requirements. If a POC (Portable Oxygen Concentrator) is rented for the trip. HFNNM will reimburse the cost of the rental only (up to \$300).

Do you have a **Problem Walking** the length of a football field without assistance? 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 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 NOT flown since the open head injury, sinus, or ear problems, again, we **STRONGLY** advise you to 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 the 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: _____

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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 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 or video clips. 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.

Signature of Applicant

Date

(Applications submitted by email or completed by another person are still required to be signed by the veteran listed on the application prior to the actual flight date.)

If a person other than the applicant is completing this application, please complete the following:

Name of person completing the application

Relationship to Applicant

Signature of person completing the application

Date

Phone number

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

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

FAX TO: 505-835-1993

EMAIL TO: INFO@HFNNM.ORG

Honor Flight of Northern New Mexico Conditions & Liability Form

Please read, sign, and return a copy with your application

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 are strictly limited. HFNNM has organized certain travel services, including air and surface transportation, in which 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 has organized certain travel 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, office 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 or 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 the 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 provision 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 statement 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