



## HONOR FLIGHT BLUEGRASS – VETERAN APPLICATION

Complete this form and mail to Honor Flight Bluegrass, P.O. Box 991364, Louisville, KY, 40269. If you have questions, please email us at [info@honorflightbluegrass.org](mailto:info@honorflightbluegrass.org) or call 1-888-998-1941.

Honor Flight Bluegrass recognizes American veterans for your sacrifices and achievements by flying you to Washington, D.C., to visit your respective memorial at no cost to you. We assign veterans to flights in the following order: World War II, Korea, and Vietnam. We also work diligently to assign terminally ill veterans from any of these three eras to a flight as soon as possible.

Thank you for your service!

<b>Note: Full legal name is required according to TSA regulations. Please print legibly.</b>					
First Name:					
Middle Name:					
Last Name:				Suffix:	
Address:				City:	
State:		Zip:		Email:	
Home Phone:			Mobile Phone:		
Date of Birth:			Gender:		
<b>Service History – Place ‘X’ in appropriate box(es)</b>					
Army		Coast Guard		Navy	
Marine Corps		Merchant Marines		Air Force	
		Army Air Corps			
<b>Service Dates – Place ‘X’ in appropriate box(es)</b>					
WWII 12/7/1941 - 12/31/1946)		Korea 6/27/1950 - 1/31/1955)		Vietnam (2/28/1961 - 5/7/1975)	
<b>Details</b>					
<b>Rank you attained:</b>					
<b>Activity during service period/duties:</b>					
<b>Emergency Contact Information (Contact must be available on day of flight.)</b>					
First and Last Name:					
Phone Number:				Relationship:	



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## Guardian Information

We strive to create the best experience for our veterans on mission day, so we assign guardians to travel with each veteran. If you would like a specific family member or friend to accompany you as your guardian, please enter their information in the fields below. **Guardians must be 18-70 years of age, in good health, and approved by the Honor Flight Bluegrass medical director. Spouses, domestic partners, or significant others are not eligible to serve as guardians.** Guardians are required to pay a \$500 fee due one week prior to the flight and must take a mandatory training course at the time of the flight assignment. If you do not have a guardian in mind, Honor Flight Bluegrass will assign a volunteer guardian who will be happy to accompany you during the trip.

<b>If you would like a specific family member or friend to serve as your guardian, please write their information, below.</b>	
First and Last Name:	Relationship:
Phone Number:	Email Address:

## Agreement

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 Bluegrass from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight Bluegrass 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 understand that participation involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in the Honor Flight Bluegrass Chapter’s mission is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.
3. I further state that medical insurance is the responsibility of the Guardian and I understand that Honor Flight does NOT provide medical care.
4. In case of an emergency, I understand that every effort will be made to contact the individual listed as the emergency contact person(s) for me. In the event that this person(s) cannot be reached, permission is hereby given to the medical provider selected by the Honor Flight Bluegrass Chapter to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me. Medical providers are authorized to disclose protected health information to the Honor Flight Bluegrass Chapter and/or any physician or health care provider involved in providing medical care to the participant.
5. I have carefully considered the risk involved and give consent to participate.
6. I state that the scope and nature of the Honor Flight program and activities have been explained to me and I am physically and mentally able to travel and engage in the Honor Flight program and activities.
7. To safeguard the disclosure of your information entrusted by you to the Honor Flight Bluegrass Chapter
  - a. We shall not share, trade or sell your information without your permission, except as permitted or required by law.



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- b. We shall keep your health information confidential. We shall not disclose your information without your permission, except as permitted or required by law.
  - c. I approve the sharing of the information on this form within Honor Flight Bluegrass and professionals who need to know of medical situations that might require special consideration for the safe conducting of its mission.
  - d. You give the Honor Flight Bluegrass Chapter permission to verify your medical condition(s) with your physician(s).
1. I understand and accept all risks associated with travel and other Honor Flight activities and will hold Honor Flight, its agents, directors, members or assigns, harmless for any injuries I sustain or omissions which cause harm to me while participating in the Honor Flight program and activities, and expressly release them from any and all liability whatsoever. I expressly intend to bind my heirs by this release and waiver.

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

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