



# Veteran Application

Indy Honor Flight recognizes American Veterans for your sacrifices and achievements by having you come to Washington DC to see YOUR memorial *at no cost to you*. Top priority is given to WWII and terminally ill veterans from all wars. For us to achieve this goal, guardians fly with the Veterans on every flight providing assistance and helping Veterans have a safe, memorable and rewarding experience. Please contact us at 317-559-1600 or visit us at [www.indyhonorflight.org](http://www.indyhonorflight.org) if you have any questions.

**YOUR NAME:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ **NICK NAME:** \_\_\_\_\_  
(Please list info *exactly as it appears* on your driver's license or government I.D.) (If Applicable)

**ADDRESS:** \_\_\_\_\_

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

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

**CONTACT E-MAIL ADDRESS:** (if avail.) \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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

**WHEN WAS THE LAST TIME (IF EVER) YOU HAVE VISITED OUR NATION'S CAPITOL?** \_\_\_\_\_

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

**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:** (Circle one) WWII / Korea / Vietnam - **BRANCH:** \_\_\_\_\_ **RANK:** \_\_\_\_\_ **TERM:** \_\_\_\_\_

**NOTED ACTIVITY:** \_\_\_\_\_

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

**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**

**The following questions are simply to assure that you have a safe and enjoyable trip, safety is our utmost concern!**

Do you have any **food or 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, see medical advisement below.

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, see medical advisement below.

Do you have any **breathing problems**? YES NO. If YES, please describe: \_\_\_\_\_

Do you use a home nebulizer machine? YES NO. If YES, see medical advisement below.

Do you use **oxygen** at any time? YES NO. If YES, you will need your physician to write a prescription for oxygen to be used during the flight and tour. Oxygen will be provided. The prescription should be turned in with this 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 or if you have NEVER flown since the open head injury, sinus or ear problems, see medical advisement below.

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, see medical advisement below.

**Medical Advisement...**

If you answered yes to any of the above questions you are not necessarily disqualified from making this trip, rather we want to strongly encourage you to consult your primary physician prior to travel.

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 I, the veteran** and I understand that neither Honor Flight nor the provider of the 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 Indy Honor Flight, The Honor Flight Network, 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.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**When completed in full please mail this form to:**

**Indy Honor Flight, Inc.  
ATTN: Veteran Application  
9093 South SR 39  
Mooresville, IN 46158**

**You may also:**

**Fax it to 317-539-5625  
Or email it to [info@indyhonorflight.org](mailto:info@indyhonorflight.org)**