BLUE RIDGE HONOR FLIGHT
GOLD STAR FAMILY APPLICATION

GOLD STAR FAMILY MEMBER INFORMATION

Blue Ridge Honor Flight is pleased to make seats available on each flight, at no cost, to eligible Gold Star Family Members. A separate application is required for each family member applying to participate.

The availability of Gold Star Family Member seats will be determined based on the number of Veterans and the health and support needs of the Veterans on each flight.

BLUE RIDGE HONOR FLIGHT GOLD STAR FAMILY ELIGIBILITY POLICY
Under Blue Ridge Honor Flight policy, Gold Star Family Members applying for a seat on a Blue Ridge Honor Flight must be an immediate family member* of a deceased service member who was killed in action in a combat zone (enemy action, friendly fire, or accident in the combat zone).

**For purposes of Blue Ridge Honor Flight's Gold Star Family Program, immediate family members are defined as the spouse, parent, child, or sibling of the service member killed in action.*

Name: _____

(As it appears on your REAL ID or other TSA-accepted identification)

Gender: ☐ Male ☐ Female

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Primary phone: _____ ☐ **Cell** ☐ **Home**

Secondary phone: _____ ☐ **Cell** ☐ **Home** ☐ **Work**

Email: _____

Date of birth (Month/Day/Year): _____

SERVICE MEMBER BEING HONORED

Name of Service Member: _____

Your relationship to Service Member: _____

Service Era(s) - check all that apply: ☐ World War II ☐ Korea ☐ Vietnam ☐ Gulf War ☐ GWOT ☐ Iraq/OIF ☐ Afghanistan/OEF

Other service era/conflict: _____ **Branch of Service:** _____

Circumstances, location, and date of death of Service Member:

_____

_____

_____

Place of interment: _____

Are you a Veteran? ☐ Yes ☐ No **Branch of Service:** _____

If yes, when and where did you serve: _____

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MEDICAL & EMERGENCY INFORMATION

Medical information submitted with this application must be updated when applications are reviewed by the Blue Ridge Honor Flight Medical Team prior to each flight.

Please list all allergies: _____

_____

List all current medications (if none, please indicate): _____

_____

Other medical or health concerns: _____

Do you smoke? ☐ Yes ☐ No

Are you prescribed oxygen by your doctor? ☐ Yes ☐ No

If yes, flow rate and frequency: _____

Do you have diabetes? ☐ Yes ☐ No **If yes:** ☐ Insulin ☐ Pill ☐ Diet controlled ☐ Other

Do you currently have, or have you had, a history of heart problems? ☐ Yes ☐ No

If yes, please explain: _____

Do you have a history of seizures? ☐ Yes ☐ No

If yes, please describe and give date of last seizure: _____

_____

Do you have any physical disabilities or limitations? ☐ Yes ☐ No

If yes, please describe: _____

MOBILITY EQUIPMENT: Check any equipment you use and indicate how often you use it.

☐ Wheelchair ☐ Walker/Rollator ☐ Cane ☐ Prosthetics/Braces ☐ Other ☐ None

Type/frequency or comments: _____

Can you safely climb five steps using a handrail, with minimal assistance? ☐ Yes ☐ No

How far can you walk without assistance?

☐ Unable to walk ☐ Less than 1 block ☐ 1-3 blocks ☐ More than 3 blocks

Do you have motion sickness? ☐ Yes ☐ No

Physician's name: _____ **Phone:** _____

EMERGENCY CONTACT

Name: _____ **Relationship:** _____

Primary phone: _____ ☐ **Cell** ☐ **Home**

Secondary phone: _____ ☐ **Cell** ☐ **Home** ☐ **Work**

Height: _____ **Weight:** _____ **Polo shirt size:** ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

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MEDICAL RELEASE

The information I have provided on my application is complete and accurate. I understand that Blue Ridge Honor Flight medical volunteers will review my health history and may speak with my healthcare provider(s) to clarify any medical concerns. I understand that Blue Ridge Honor Flight must medically approve all participants to fly.

I agree to notify Blue Ridge Honor Flight immediately should my medical condition change prior to the trip. If any of this information is falsified or pertinent medical information is omitted, or if my medical conditions change or are determined by Blue Ridge Honor Flight to be unacceptable to participate, I understand I may be disqualified from participating in an Honor Flight at the sole discretion of Blue Ridge Honor Flight.

I understand that medical insurance and medical costs that may be incurred pursuant to participation are my responsibility and that Blue Ridge Honor Flight and Honor Flight Network do not provide medical care. I understand that I accept all risks associated with travel and other Blue Ridge Honor Flight activities, and that I have executed a Release, Covenant Not to Sue and Indemnity Agreement in favor of Blue Ridge Honor Flight and Honor Flight Network while participating in the program.

I authorize all health care providers, including physicians, nurses, and all other persons (including entities) who may have provided, or be providing, me with any type of health care, to:

(1) disclose protected health information that relates directly or indirectly to my capacity to participate in the Blue Ridge Honor Flight to Washington, D.C., to any medical provider, emergency medical provider, or other person designated by Blue Ridge Honor Flight;

(2) discuss and release my health and treatment information that I may require during my participation in the Blue Ridge Honor Flight program, and my signature on this page shall be sufficient evidence of my consent.

I hereby give consent and permission to any of my medical providers or emergency medical providers to discuss and release my health and treatment information for treatment purposes I may require during my participation in the Blue Ridge Honor Flight program, and my signature on this page shall be sufficient evidence of my consent.

Participant signature required: _____

PLEASE PRINT YOUR NAME: _____

Date: _____

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RELEASE, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I, _____, am about to voluntarily participate as a Gold Star Family Member in various activities, which may include but are not limited to either being escorted, crowd interaction, taking commercial aircraft flights, physical activities, driving to activities, preparing documentation and other activities as a participant with or on behalf of and at the direction of Blue Ridge Honor Flight, a North Carolina not for profit corporation, which includes any officer, director, employee, volunteer or agent thereof ("Blue Ridge Honor Flight"). In consideration of and as a condition of Blue Ridge Honor Flight permitting me to participate in these activities, the sufficiency and receipt which I hereby acknowledge, knowingly, on behalf of myself, my heirs, administrators, successors, executors and assigns, hereby covenant and agree:

1. I am aware that there are inherent risks in the activities and that I am freely assuming all risks of any nature and damages related to such activities including those related to my own health issues and fully release Blue Ridge Honor Flight from all such liability relating to same.
2. To never institute, prosecute, or in any way aid in the institution or prosecution of any demand, claim or suit of any nature against Blue Ridge Honor Flight for any destruction, loss, damage or injury (including death) to my person or property or that of others which may occur from any cause whatsoever as a result of my participation now or in the future, known or unknown, foreseen or unforeseen in the activities of Blue Ridge Honor Flight, and agree to discharge, defend, indemnify and hold Blue Ridge Honor Flight harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
3. The information I have provided is complete and accurate. I understand that the Blue Ridge Honor Flight Medical Team will review my application and health history. Blue Ridge Honor Flight must medically approve all applicants to participate. I agree to notify Blue Ridge Honor Flight immediately should my medical condition change prior to the trip. If any of this information is falsified or pertinent medical information is omitted, or if my medical conditions change or are determined by the Blue Ridge Honor Flight Medical Team to be unacceptable to participate, I understand I may be disqualified at the sole discretion of Blue Ridge Honor Flight.
4. I hereby forever, waive, release and discharge any demands or claims or suits of any nature, known or unknown irrespective when such occur now or in the future, known or unknown, foreseen or unforeseen including but not limited to any destruction, loss, damage or injury (including death) to my person or property or that of others arising from my participation in the activities, against Blue Ridge Honor Flight, and agree to defend, indemnify and hold Blue Ridge Honor Flight harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.

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RELEASE, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT - CONTINUED

5. Notwithstanding any provisions to the contrary in the event of any litigation or arbitration resulting from my activities of any nature with Blue Ridge Honor Flight that I agree that venue and jurisdiction is limited to that of the Courts in Buncombe and Henderson Counties, North Carolina and or the United States District Court for the Western District of North Carolina and that North Carolina law shall govern.

I hereby, authorize Blue Ridge Honor Flight the continued right to perpetuity to photograph, film or video my activities and to publish same and or use such in the legitimate promotion of Blue Ridge Honor Flight as they deem fit and as such I waive any right to approve same in advance.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS TERMS AND CONDITIONS AND VOLUNTARILY AGREE TO THE TERMS.

Signature: _____

Print name: _____

Date: _____

PLEASE COMPLETE, SIGN AND MAIL ALL PAGES OF THIS APPLICATION TO:

BLUE RIDGE HONOR FLIGHT
Attention: GOLD STAR FAMILY APPLICATION
P.O. Box 1179
Etowah, NC 28729

Questions? 828-229-2743 | info@blueridgehonorflight.com | www.blueridgehonorflight.com