BLUE RIDGE HONOR FLIGHT
VETERAN APPLICATION

VETERAN INFORMATION & MILITARY SERVICE

Service Era(s) - check all that apply:

☐ World War II ☐ Korean War / Korean War Era ☐ Vietnam War / Vietnam Era

☐ Cold War ☐ Lebanon / Grenada ☐ Panama

☐ Gulf War / Desert Shield / Desert Storm ☐ Global War on Terrorism

☐ Iraq / OIF ☐ Afghanistan / OEF ☐ Other: _____

Blue Ridge Honor Flight recognizes America's Veterans for their service and sacrifice by providing an all-expenses-paid trip to Washington, D.C., for a personal day of honor. Blue Ridge Honor Flight serves Veterans from all generations and service eras, with flight priority determined in accordance with Blue Ridge Honor Flight and Honor Flight Network guidelines. Veterans with a life-limiting illness may receive priority consideration.

SPOUSES ARE NOT ELIGIBLE TO ACCOMPANY THE VETERAN ON THIS FLIGHT.

Your name: _____

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

Nickname (if applicable): _____

Address: _____

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

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

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

Email address: _____

Date of birth (Month/Day/Year): _____ / _____ / _____ **Gender:** ☐ Male ☐ Female

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

Dates of service (Month/Year to Month/Year): _____

Branch of Service: ☐ **Army** ☐ **Air Force** ☐ **Navy** ☐ **Marine Corps** ☐ **Coast Guard** ☐ **Space Force** ☐ **Other**

Country(ies) where you were stationed/deployed: _____

MILITARY SERVICE & CONTACT INFORMATION

Duty assignments during your service (use an additional sheet if needed):

_____

_____

_____

_____

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Awarded/Eligible for Korean Service Medal (Korean Veterans): ☐ Yes ☐ No

Awarded/Eligible for Vietnam Service Medal (Vietnam Veterans): ☐ Yes ☐ No

Awarded/Eligible for Iraq Campaign Medal (Iraq Veterans): ☐ Yes ☐ No

Awarded/Eligible for Afghanistan Campaign Medal (Afghanistan Veterans): ☐ Yes ☐ No

Awarded/Eligible for Global War on Terrorism Expeditionary Medal (GWOT Veterans): ☐ Yes ☐ No

Awarded/Eligible for Inherent Resolve Campaign Medal (Operation Inherent Resolve Veterans): ☐ Yes ☐ No

Other Medals or Citations:

_____

_____

_____

CONTACT INFORMATION

Primary Emergency Contact (must be available by phone on flight day)

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Primary phone: _____ ☐ Cell ☐ Home

Secondary phone: _____ ☐ Cell ☐ Home ☐ Work

Email: _____

Family Member Contact (son, daughter, grandchild, or other close family member)

Name: _____ Relationship: _____

Phone: _____ Email: _____

Non-Family Member Contact (neighbor, friend, significant other)

Name: _____ Relationship: _____

Phone: _____ Email: _____

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INITIAL & MEDICAL INFORMATION

1. Place of residence: _____

Who do you live with? Name: _____ **Relationship:** _____

Do you need assistance with activities of daily living? ☐ **Yes** ☐ **No**

If yes, what activities do you require assistance with: _____

2. 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: _____

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

4. How far can you walk without assistance?

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

5. Have you suffered an injury from a fall? ☐ Yes ☐ No **If so, when?** _____

If yes, were you hospitalized and for how long: _____

Injuries suffered and resolution: _____

6. Have you been hospitalized or had surgery in the past six months? ☐ **Yes** ☐ **No**

Reason for Surgery or Hospitalization and Duration of Stay	Date

(Use an additional sheet if necessary.)

7. Are you prescribed oxygen by your doctor? ☐ **Yes** ☐ **No**

If yes, how many liters and how frequently: _____

If yes, your private physician must provide a prescription for oxygen to be used during the flight day. Oxygen concentrators will be provided by Blue Ridge Honor Flight. The oxygen prescription MUST be submitted with your application.

8. Do you have PTSD, panic attacks, significant memory loss, or a fear of crowds, confined spaces, or flying that could affect your comfort or safety during the trip?

☐ **Yes** ☐ **No** **If yes, please explain:** _____

_____

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MEDICAL INFORMATION - CONTINUED

Do you require medication for this condition? ☐ Yes ☐ No **Medication:**

_____

9. Please list any allergies you have: _____

10. Please list any other medical conditions you are receiving treatment for:

_____

_____

_____

NOTE: You will receive a more comprehensive medical questionnaire after your application is accepted and closer to the flight date so that your medical information is current. If you have not seen your primary care physician within 90 days of submitting the completed medical questionnaire, you may be asked to obtain a statement from your physician confirming that you do not have health issues that would prevent you from participating in the flight.

APPLICATION PROCESS

After your completed application is received and approved by Blue Ridge Honor Flight, you will receive a Medical Questionnaire. Once that questionnaire is completed and reviewed by our Medical Team, you will be placed in the queue for an upcoming flight.

PLEASE NOTE: Blue Ridge Honor Flight trips depart from and return to Asheville Regional Airport (AVL) and travel to Ronald Reagan Washington National Airport (DCA).

If a Veteran requests a specific individual as a Guardian, that individual must complete a Guardian Application and submit it with this Veteran Application for the request to be considered. Qualifying family members may be considered. Priority may be given to Guardians with medical training or active/retired military experience.

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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: _____

PLEASE NOTE: SPOUSES ARE NOT ELIGIBLE TO ACCOMPANY THE VETERAN.

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RELEASE, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I, _____, am about to voluntarily participate as a participant or a volunteer in various activities, which may include but are not limited to either being escorted or escorting individuals with disabilities, crowd control and interaction, taking commercial aircraft flights, physical activities, driving to activities, preparing documentation and other activities as a participant or as a volunteer 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, and 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 Veterans and Guardians to participate. I agree to notify BRHF 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 NOTE: SPOUSES ARE NOT ELIGIBLE TO ACCOMPANY THE VETERAN.

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

BLUE RIDGE HONOR FLIGHT
Attention: VETERAN APPLICATION
PO Box 1179
Etowah, NC 28729

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