



BLUE RIDGE HONOR FLIGHT VETERAN APPLICATION

I am a Veteran of: World War II _____ Korea _____ Vietnam _____
Other Conflict _____

Blue Ridge Honor Flight recognizes America's war Veterans for their service and sacrifice by flying them all-expense paid to Washington DC for a personal day of honor. We will fly our WW II Veterans as long as there are WW II Veterans. We are also flying Korean War Veterans, Vietnam War Veterans and veterans of any conflict who may have a life limiting illness.

When the completed application is received by Blue Ridge Honor Flight via US mail and it is approved, you will then receive a Medical Questionnaire for completion and upon review by our Medical Team, you will be placed in the queue for one of our upcoming flights. For further information, please contact us at **1-828-776-0650**; via e-mail to janwville453@gmail.com or go online to www.blueridgehonorflight.com.

PLEASE NOTE: All Blue Ridge Honor Flights depart from and return to the Asheville Regional Airport and are currently landing at Baltimore Washington International Airport (BWI).

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

NOTE: Any Veteran requesting a specific individual to accompany them as a Guardian MUST HAVE that individual complete a Guardian Application and SUBMIT said application WITH THIS APPLICATION to ensure the request is given proper consideration. Qualifying family members of the selected veterans may be considered. Priority will be given to those guardians who have medical training or are active/retired military.

Please complete, **SIGN** and submit **ALL** pages of this application to:
BLUE RIDGE HONOR FLIGHT
Attention: VETERAN APPLICATION
PO Box 18057
Asheville, NC 28814

Your name: _____ Nickname: _____
(As it appears on your ID for airline travel) (If applicable)

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Primary phone: _____ Cell Phone: _____

Email address: _____

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

Height: ____ Weight: ____ Polo shirt size (Please check your size): S _ M _ L _ XL _ XXL _ XXXL _

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

Branch of Service: Army _____ Air Force _____ Navy _____
Marines _____ Coast Guard _____ Other _____

Country(ies) where you were deployed: (please use the reverse side of this application if needed) _____

Duty assignments during your service: (please use the reverse side of this application if needed) _____

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

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

Other Medals or Citations _____

CONTACT INFORMATION

Primary emergency contact (someone available the day you travel):

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____
Phone: Day _____ Evening _____ Cell _____
Email: _____

Family Member contact (son, daughter, grandchild):

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____
Phone: Day _____ Evening _____ Cell _____
Email: _____

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____
Phone: Day _____ Evening _____ Cell _____
Email: _____

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

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____
Phone: Day _____ Evening _____ Cell _____
Email: _____

Please use reverse side or additional sheet to list contacts.

INITIAL 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: If you use this equipment, please indicate type and how often you use it**

_____ Prosthetics/braces _____ None of the above _____

3. Can you climb five stairs using handrails with minimal assistance? Yes _____ No _____

4. How far can you walk without assistance?

Not at all _____ One Block _____ Up to One Mile _____

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 Hospital Stay (use additional sheet if necessary)	Date

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

If yes, how many liters and how frequently? _____ 24 hours _____ As needed? _____

If yes, your private physician must write a prescription for oxygen to be used during the flight day.

Oxygen concentrators will be provided by Blue Ridge Honor Flight.

Oxygen prescription MUST BE submitted with your application.

8. Do you suffer from PTSD, have panic attacks, have a **fear of crowds** or flying, or a history of significant memory loss? Yes _____ No _____ If yes, what type of issue do you have? _____

Do you require medication? Yes _____ No _____ Medication? _____

9. Please list any allergies you have _____

10. Please list any other medical conditions you may be receiving treatment for: _____

NOTE; You will receive a more comprehensive medical questionnaire which will include information concerning all of your medications upon acceptance of your application and closer to the date of the flight to ensure medical information is current. However, if you have not seen your primary care physician within 90 days of submission of the completed medical questionnaire, you may be asked to obtain a statement from said physician that you do not have any health issues that would prevent you from participating in the flight.

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 does 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 or emergency medical providers or other persons designated by Blue Ridge Honor Flight
- (2) to discuss and release my health and treatment information 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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BLUE RIDGE HONOR FLIGHT 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.
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.