



Blue Ridge Honor Flight GOLD STAR FAMILY MEMBER Application

For **each** Family Member applying to participate:
Please **complete** and submit all four pages
of this form with required signature(s)
CONTACT: 828-776-0650
janwville453@gmail.com

Blue Ridge Honor Flight
Attn: **Gold Star Family Member Application**
PO Box 18057
Asheville, NC 28814

BLUE RIDGE HONOR FLIGHT IS PLEASED TO MAKE AVAILABLE TO GOLD STAR FAMILY MEMBERS SEATS ON EACH FLIGHT AT NO COST TO THE FAMILY. A SEPARATE APPLICATION IS REQUIRED FOR EACH FAMILY MEMBER APPLYING TO GO ON A FLIGHT.

THE AVAILABILITY OF SEATS FOR GOLD STAR FAMILY MEMBERS WILL BE DETERMINED IN ACCORDANCE WITH THE NUMBER OF VETERANS AND THE HEALTH OF THE VETERANS ON EACH FLIGHT.

GOLD STAR FAMILY MEMBERS APPLYING MUST BE AN IMMEDIATE FAMILY MEMBER* OF THE DECEASED WHO WAS KILLED IN ACTION IN A COMBAT ZONE (ENEMY ACTION, FRIENDLY FIRE OR ACCIDENTS IN THE COMBAT ZONE.)

Name (As it appears on your photo ID for airline travel): _____

Gender: Male Female

Address: _____

City: _____ State: _____ Zip Code _____

Primary Phone: _____ Cell _____ Home _____ Work _____

Secondary Phone: _____ Cell _____ Home _____ Work _____

E-Mail: _____

Date of Birth ____/____/____ (Day, Month and Year)

Name of Service Member to be honored: _____

Relationship: _____

Deceased Veteran Served In: WWII _____ Korean War _____ Vietnam War _____

Other Conflict _____

Branch of Service: _____

Circumstances (Where and How?) and Date of Death of Service Member: _____

Place of Interment: _____

Are you a veteran? Yes No Branch of Service _____

If yes, select one: Retired _____ Active _____ Reserves/National Guard _____

When and Where you Served: _____

***Family Members are defined as spouse, parent, child, or sibling of veteran killed in action.**

MEDICAL INFORMATION SUBMITTED WITH THIS APPLICATION MUST BE UPDATED WHEN THESE APPLICATIONS ARE REVIEWED BY A PHYSICIAN 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

Do you require Oxygen? Yes _____ No _____ Full time _____ Part time _____ Flow Rate _____

Do you have diabetes? Yes No

If yes, how do you control it? Insulin Pill Diet controlled

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: _____

When was your last seizure? _____

Do you have any physical disabilities or limitations? Yes No

If yes, please describe: _____

Do you use any MOBILITY EQUIPMENT? If so, please indicate type and how often you use it:

Prosthetics/braces _____ None of the above _____

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

How far can you walk without assistance?

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

Do you have motion sickness? Yes No

Physician's name: _____ Phone: _____

In Case of an Emergency, please Contact:

Name: _____ Relationship: _____

PHONE: Cell: _____ Home: _____ Work: _____

Height ____ ft. ____ in. Weight _____

Polo shirt size: S M L XL XXL XXXL

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 other than emergency 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: _____

BLUE RIDGE HONOR FLIGHT 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:

- (i) 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.
- (ii) 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.
- (iii) 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.
- (iv) 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.
- (v) 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.

Date: _____ Signature: _____

Print name: _____

Address: _____

City: _____ State: _____ Zip code: _____

PLEASE COMPLETE ALL PAGES OF THIS APPLICATION AND RETURN IT TO:

Blue Ridge Honor Flight
Attention: Gold Star Family Application
PO Box 18057
Asheville, NC 28814