

The purpose of this form is to provide Honor Flight Columbus and/or emergency medical technicians information about the participants should an emergency arise.

Name \_\_\_\_\_ DOB \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Primary Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Please list all surgeries & major medical issues (Blood pressure, diabetes, heart attack, etc.)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you allergic to any medications? \_\_\_\_\_

Are you allergic to any foods? \_\_\_\_\_

Medications, including OTCs, aspirin, eye drops, etc:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there any other information that you can provide that would assist Emergency Medical Personnel? \_\_\_\_\_

\_\_\_\_\_

Insurance Provider \_\_\_\_\_ Contact \_\_\_\_\_

I hereby authorize Honor Flight Columbus, Inc., its officers, employees, members, participants, users and/or volunteers to take the action they believe is appropriate in an emergency situation. Further, I agree to indemnify and hold harmless Honor Flight Columbus, Inc., organization, any officer employee, member, participant, user and/or volunteer thereof, against any claim(s) arising out of said emergency care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE COMPLETE THE OTHER SIDE OF THE FORM, TOO!

**COVENANT NOT TO SUE AND INDEMNITY AGREEMENT**

I, (insert your name) \_\_\_\_\_, am about to voluntarily participate in various activities, including flying activities, of the Honor Flight Columbus, Inc., as passenger. In consideration of this organization permitting me to participate in these activities, I, for myself, my heirs, administrators, executors and assigns, hereby covenant and agree that I will never institute, prosecute, or in any way aid in the institution or prosecution of, any demand, claim or suit against the organization known as Honor Flight for any destruction, loss, damage or injury (including death) to my person or property which may occur from any cause whatsoever as a result of my participation in the activities of the Honor Flight™ Inc. organization.

If I, my heirs, administrators, executors, or assigns should demand, claim, sue or aid in any way in such a demand, claim or suit, I agree, for myself, my heirs, administrators, executors, and assigns to indemnify the Honor Flight Columbus, Inc. organization for all damages, expenses, and costs it may incur as a result thereof.

I know, understand, and agree that I am freely assuming the risk of my personal injury, death or property damage, loss or destruction that may result while participating in Honor Flight Columbus, Inc. activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of the Honor Flight Columbus, Inc. organization.

I also understand and agree that I may be held liable for any damages or loss to the Honor Flight Columbus, Inc. organization which is caused by my gross negligence, willful misconduct, dishonesty, or fraud and for limited damages or loss to the Honor Flight Columbus, Inc. organization which is caused by my simple negligence.

I further understand that the term Honor Flight organization includes the non-profit organization known as Honor Flight, any officer, agent and/or employee thereof.

**DATE**

**SIGNATURE**

At the end of the trip, everyone on the trip will receive a list of all the participants' names, addresses and phone numbers. *To include your address and phone, mark **YES** below.* Honor Flight Columbus, Inc. does not share this list with anyone else.

I authorize Honor Flight Columbus, Inc. officials to release my contact information (phone number and address) to other individuals who participate in the same flight for purposes of communication and camaraderie with other participants.

**PLEASE mark either YES or NO**

\_\_\_ YES... I want my contact information included on the list distributed to everyone on the trip

\_\_\_ NO... I do NOT want my contact information included on the list

\_\_\_\_\_  
**Signature**

**PLEASE COMPLETE THE OTHER SIDE OF THE FORM, TOO!**