

FOR HONOR FLIGHT USE ONLY: Last Name _____ Date Received _____

HONOR FLIGHT CLEVELAND Veteran Application

Honor Flight Cleveland recognizes American veterans for their sacrifices and achievements and is proud to fly them to Washington DC to see THEIR memorials at no cost to the veteran.

Name _____ (as it appears on your government issued ID) Nickname _____ (if applicable)

Address _____

City _____ State _____ Zip _____

Phone Day _____ Evening _____ Cell _____

Email Address _____ Date of Birth _____

T-shirt Size (S, M, L, XL, XXL, XXXL) _____ Weight _____

How did you hear about Honor Flight? _____

Alternate Contact (son, daughter, friend, etc.) _____

Phone _____ Email Address _____

Do you wish to travel with this person or another particular guardian (son, daughter, grandchild or friend)? If so, please provide their name _____

Spouses are not eligible to be guardians. Guardians must be 18 years old.

Do you wish to travel with another veteran or veterans? If so, please provide their names _____

Service History: Branch of Service _____ Period of Service _____

Rank _____ Duty Station _____

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

1. As photographs and video equipment are frequently used to memorialize and document *Honor Flight Cleveland* trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the *Honor Flight Cleveland* program. I hereby give permission for my images captured during *Honor Flight Cleveland* activities through video, photo or other media, to be used solely for the purpose of *Honor Flight Cleveland* promotional material and publications, and waive any rights or compensation or ownership thereto.
2. I understand that *Honor Flight Cleveland* does NOT provide medical care. I understand that I accept all risks associated with travel and other *Honor Flight Cleveland* activities and will not hold *Honor Flight Cleveland* responsible for any injuries or illness incurred by me while participating in the *Honor Flight Cleveland* program.

Signed _____ Date _____

FOR HONOR FLIGHT USE ONLY:

Last Name _____

Date of Birth _____

Medical Information

Information provided will **NOT** disqualify you. It permits us to assess the support we need during the trip.
Information is for Honor Flight Medical Personnel only.

- Do you use mobility equipment? Yes No
- Do you have any drug allergies? Yes No
- Do you have any medical issues we should be aware of? Yes No
- Do you have a history of seizures? Yes No
- Do you have problems with motion sickness? Yes No
- Do you have any breathing problems? Yes No
- Do you use a home nebulizer? Yes No
- Do you have a problem walking the length of a football field without assistance? Yes No
- Do you have a history of head injuries, sinus or ear problems? Yes No
- If you have answered yes to any of these questions, please explain _____
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It is also our recommendation that you have a discussion with your physician about this trip.

If you will require the use of a Portable Oxygen Concentrator during this trip, please contact your doctor to request the proper paperwork for the flight.

MEDICATIONS

Name of Medication	How often do you take?

Please submit this form to:

Honor Flight Cleveland
724 Coralberry Lane
Madison, Ohio 44057
honorflightcleveland@outlook.com