



CONFIDENTIAL  
FLIGHT TO HONOR POLK USE ONLY

Last Name: \_\_\_\_\_

Date Rec'd: \_\_\_/\_\_\_/\_\_\_

## VETERAN APPLICATION

Flight to Honor Polk recognizes American War Veterans for your sacrifice and service by flying you **FREE OF CHARGE** to Washington, D.C. to visit and reflect at the memorial dedicated in your honor. Top priority is given to WWII and terminally ill Veterans followed by veterans from the Korean, Vietnam and Gulf wars and eras. In order to provide a safe and memorable experience, you will be assigned a trained Guardian to accompany you on the trip. For what you have given to us, please consider this a small token of appreciation from all of us at Flight to Honor Polk. For more information visit **PolkVeteransCouncil.Com** or email us at **flighttohonorpolk@gmail.com** and leave a message with your name and phone number and a volunteer will return your call. If necessary, you may also call 863-646-5966.

### YOUR INFORMATION:

Your Name (*First, Middle, Last*): \_\_\_\_\_ Nickname: \_\_\_\_\_

**(Name must match photo ID with D.O.B. for airline travel – Driver's License, passport, VA ID card, etc.)**

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ D.O.B (*MM/DD/YYYY*): \_\_\_\_\_

Email: \_\_\_\_\_ Sex:  Male  Female

Your Shirt Size:  Small  Medium  Large  Extra Large (XL)  XXL  XXXL

### EMERGENCY CONTACT INFORMATION (**SPOUSE OR OTHER, NOT VETERAN ON FLIGHT**):

Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### ALTERNATE EMERGENCY CONTACT INFORMATION (**NOT SPOUSE OR VETERAN ON FLIGHT**):

Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### YOUR SERVICE HISTORY: (Check all that apply)

World War II  Korean War  Vietnam War  Gulf War  Other: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Dates Served: \_\_\_\_\_

### Your Service history (Continue):

Theater(s) Where You Served: \_\_\_\_\_

Activity During Your Service: \_\_\_\_\_

**MEDICAL INFORMATION:**

*Medical information provided allows us to assess the support needed during the trip.*

Please indicate any mobility equipment you use:  Cane  Walker  Wheelchair  Scooter

Are you able to climb a minimum of four (4) stairs without assistance?  Yes  No

Do you use oxygen at any time?  Yes  No

**If YES, you will need your physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided. The prescription should be turned in with the application.**

Do you use a home nebulizer machine?  Yes  No

**If YES, you are STRONGLY encouraged to discuss the trip with your physician concerning the use of portable hand-held nebulizers during the trip.**

Do you have a history of seizure?  Yes  No

If YES, when was your last seizure? \_\_\_\_\_

And what type (i.e., grand mal, petit mal, other)? \_\_\_\_\_

**If within past 5 years, we STRONGLY advise you to discuss trip with your physician, and we may require a signed clearance from your physician.**

Do you have any drug allergies?  Yes  No

If YES, please list: \_\_\_\_\_

Do you have any food allergies or restrictions?  Yes  No

If YES, please list: \_\_\_\_\_

Do you have diabetes?  Yes  No                      If YES, injected or oral?  Yes  No

Does your medication require refrigeration?  Yes  No

Do you carry glucose with you?  Yes  No

Medication Name	Dosage	Frequency	Reason For Taking

**PRESCRIPTION MEDICATIONS:** *If additional medications are taken, please include an additional sheet.*

**GENERAL INFORMATION:**

May we contact you in the future about Flight to Honor Polk events/activities? \_\_\_ Yes \_\_\_ No

Have you ever been on a Flight to Honor Veterans Tour before? \_\_\_ Yes \_\_\_ No

**BUDDY & GUARDIAN INFORMATION:**

If you and a fellow Veteran from the same war would like to travel together, please ask him/her to complete a Veteran Application. In addition, please include your buddy's name and number below so that we may try to pair you together on the same flight.

Buddy's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

To help ensure a safe and memorable experience, Flight to Honor Polk will assign you your own personal companion for the day. Your trained guardian will provide excellent care and is responsible for being by your side throughout the trip. **Your spouse/significant other is NOT eligible.**

If there is a medical need that necessitates a specific relative or friend (ages 18-75) be considered to act as your Guardian, please list that person's contact information below. Please ask him/her to fill out a Guardian Application which can be downloaded at [PolkVeteransCouncil.com](http://PolkVeteransCouncil.com) or requested at [flighttohonorpolk@gmail.com](mailto:flighttohonorpolk@gmail.com) to assure consideration, however selection is NOT guaranteed.

Requested Guardian's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Additional Comments/Concerns: \_\_\_\_\_

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**PLEASE REVIEW CAREFULLY AND SIGN.**

The undersigned acknowledges and agrees that:

1. As photographic and video equipment is frequently used to document Flight to Honor Polk trips and events, my image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the Flight to Honor Polk program. I hereby release any photographer/videographer and Flight to Honor Polk from all claims and liability relating to said photographs/videos. I hereby give permission for my images captured during Flight to Honor Polk activities through video, photo, or other media, to be used solely for the purposes of Flight to Honor Polk promotional material and publications, and waive any rights or compensation or ownership thereto.
2. I understand that I may be featured on news reports or in photographs or video taken by media or news outlets. I understand I have the right to consent/not consent to an interview with any news outlet. I understand that Flight to Honor Polk will NOT provide my name, address, telephone number, or any other personal information to any news or media outlet personnel.
3. I understand that Flight to Honor Polk will not provide my address, telephone number or any personal information to anyone without my permission.
4. I understand that medical insurance is the responsibility of the individual passenger and I understand that Flight to Honor Polk does NOT provide medical insurance or travel insurance. I understand that Flight to Honor Polk personnel do NOT provide medical care. I understand that I accept all risks associated with travel and other Flight to Honor Polk activities and will not hold Flight to Honor Polk responsible for any injuries incurred by me while participating in the Flight to Honor Polk program.
5. I understand that my flight is funded by generous donors that wish to honor my service. I understand that Flight to Honor Polk cannot accept any Guardian payment from any assigned Veteran being honored on the flight.

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

Print Name: \_\_\_\_\_

**Please submit these completed and signed forms to:**

**Flight to Honor Polk**  
**PO Box 3911**  
**Lakeland, FL 33802**

## **Veteran Covenant Not To Sue and Indemnity Agreement**

I agree to voluntarily participate in various activities, including flying activities, of Flight to Honor Polk. 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 Flight to Honor Polk 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 Flight to Honor Polk 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 Flight to Honor Polk 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 Flight to Honor Polk activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of the Flight to Honor Polk organization.

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

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

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

Print name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature of Flight of Honor Official: \_\_\_\_\_

**Please submit these completed and signed forms to:**

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