



BLUE RIDGE HONOR FLIGHT VETERAN APPLICATION

I am a Veteran of: World War II _____ Korean War _____ Vietnam War _____
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 to see their memorials. We will continue to fly our WW II Veterans as long as there are WW II Veterans and we are now 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 the application will be acknowledged and we will send a medical questionnaire to be completed. Once we have received and approved your application and medical information, you will be placed in the queue for one of our upcoming flights. All Blue Ridge Honor Flights depart from and return to the Asheville Regional Airport. For further information, please contact us at **1-828-776-0650** or go online to **www.blueridgehonorflight.com**.

[INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND WILL BE RETURNED]

Please complete and submit **ALL** pages of this application with required signature(s) as soon as possible to:
BLUE RIDGE HONOR FLIGHT
Attention: VETERAN APPLICATION
PO Box 18057
Asheville, NC 28814

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

How did you hear about Blue Ridge Honor Flight? _____

Dates you served in the military (Month/Year to Month/Year): _____ / _____ to _____ / _____

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

Rank: _____ Service number (if known): _____

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

Activity during the war: (please use the reverse side of this application if needed) _____

CONTACT INFORMATION

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

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Phone: Day _____ Evening _____ Cell _____

Email: _____

Non-Spouse alternate contact (son, daughter, grandchild, personal friend):

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Phone: Day _____ Evening _____ Cell _____

Email: _____

Non-Spouse alternate contact (son, daughter, grandchild, personal friend):

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Phone: Day _____ Evening _____ Cell _____

Email: _____

Blue Ridge Honor Flight will provide a wheelchair for each Veteran as needed as well as a Blue Ridge Honor Flight Guardian. These trained guardians will accompany and assist you throughout the day to help ensure a safe and memorable experience. **If you believe there is a medical need that necessitates a family member be considered to act as your guardian or if you have a family member or individual other than your spouse who you would like to be your guardian and who is age 18–75 and in good health, please list that person's contact information below and ask the individual to complete a guardian application found at www.blueridgehonorflight.com. This Guardian Application must be submitted along with your application to ensure your request is considered.** Guardians must attend a training class and pay a fee that covers a portion of the cost of the day. Completion of the Guardian Application combined with your written request below, will assure that your request is considered, however selection is not guaranteed. Your spouse is NOT eligible to accompany you on the flight.

Requested guardian name: _____ Phone: _____

Requested guardian email: _____

Additional comments or concerns: _____

YOUR MEDICAL INFORMATION

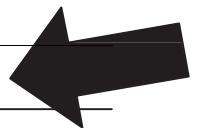
A COMPLETE MEDICAL INFORMATION QUESTIONNAIRE WILL BE SENT UPON RECEIPT AND ACKNOWLEDGEMENT OF THIS APPLICATION AND WILL NEED TO BE COMPLETED AND RETURNED.

MEDICAL RELEASE

The information I provide 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. 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 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 while participating in the program. **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.** My signature authorizes you to call my physician or any other personnel familiar with my care to discuss my medical history. Please note that a facsimile signature will also be accepted as an original signature.

Please print Veteran's name: _____

Veteran signature required: _____



If the Veteran was assisted in completion of this form, please print your name, relationship and phone number and sign as indicated:

Please print your name: _____

Relationship: _____ Phone number: _____

Please sign your name: _____

Please complete and submit **ALL** pages of this application with required signature(s) as soon as possible to:

**BLUE RIDGE HONOR FLIGHT
Attention: VETERAN APPLICATION
PO Box 18057
Asheville, NC 28814**

NOTE: Any Veteran requesting a specific individual to accompany them as a Guardian must have that individual complete a Guardian Application and submit the application WITH THIS APPLICATION to ensure the request is given proper consideration.

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, 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) 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.
- (iv) 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.



Veteran signature required: _____

Please print your name: _____ Date form completed: _____

If the Veteran was assisted in completion of this form, please sign here and print your name, relationship and phone number:

Please sign your name: _____

Please print your name: _____

Relationship: _____ Phone number: _____