



# Veteran Application

Honor Flight recognizes American Veterans for your sacrifices and accomplishments by flying you to Washington, DC to visit your memorial at no cost.

We are accepting applications from all war veterans, but are giving priority based on seniority by war served in. Terminally ill veterans get priority on all flights. It is our goal to provide you with a safe, memorable, and rewarding experience. To help us do that, we will provide Guardians to assist you with any and all of your needs throughout the day, and to provide you with a Flight with Honor. The information contained on this application is for the use of Honor Flight Tri- State only and will not be shared with anyone. If you have questions, please call us on our hotline - 513-277-9626.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(As it appears on your photo ID for airline travel – first, middle and last names )

ADDRESS: \_\_\_\_\_ Male or Female \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell \_\_\_\_\_

AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_ WORLD WAR II: \_\_\_\_\_ KOREAN WAR: \_\_\_\_\_ VIETNAM  
WAR: \_\_\_\_\_ Other military action \_\_\_\_\_

ACTIVITY DURING YOUR MILITARY SERVICE \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE HONOR FLIGHT  
PROGRAM: \_\_\_\_\_

## MEDICAL INFORMATION

Would you like us to have a wheelchair available for your use: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you a diabetic? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, do you require insulin injections? Yes: \_\_\_\_\_

Do you have a history of seizures? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you use oxygen at any time during the day? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you have a draining catheter or colostomy bag? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you have any problems with flying in a commercial aircraft? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you have a feeding tube of any type? Yes \_\_\_\_\_ No \_\_\_\_\_

Any other medical information that we should know about? If so, please explain:

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Do you have a specific person that you would like to have as your Guardian? Yes:\_\_\_\_\_ No:\_\_\_\_\_

If Yes, Name\_\_\_\_\_ Relationship: \_\_\_\_\_Age:\_\_\_\_\_

(Please note: If YES, A guardian application must be filed separately from this application. If not, we will provide a trained guardian for you from our database of Guardian personnel)

**Disclaimer**

I, the undersigned, acknowledge and agree that:

1. As photographic and video equipment are frequently used to memorialize and document Honor Flight Tri-State trips and events, my image may appear in a public forum, such as the news media or a website, to acknowledge or promote the work of the Honor Flight Tri-State Program. I hereby release the photographer and Honor Flight Tri-State from all claims and liability relating to said photographs. I hereby give my permission for my image captured during the Honor Flight Tri-State Activities through video, photos or other media, to be used solely for the purposes of Honor Flight promotional materials and publications, and waive any rights, compensation or ownership thereto.
2. I further understand that medical and trip insurance is the responsibility of the veteran. I also understand and agree that Honor Flight Tri-State does not provide medical care. I understand that I accept all risks associated with air and ground travel, and other Honor Flight Tri-State Activities and will not hold Honor Flight Tri-State responsible for any injuries incurred by me while participating in the Honor Flight Tri-State Program.

SIGNED: \_\_\_\_\_ Date:\_\_\_\_\_

Please submit this form to: Honor Flight Tri-State  
Headquarters  
8627 Calumet Way  
Cincinnati, OH 45249

If you have questions or comments, please call us at: 513-277-9626

Please visit our website at [www.honorflighttristate.org](http://www.honorflighttristate.org) for further information about the Honor Flight program.