



HONOR FLIGHT MAINE VETERAN APPLICATION

Honor Flight Maine recognizes and honors **all** Maine's Veterans for their service by flying them to Washington DC to visit and reflect at their memorials, at **no cost** to the Veteran. **All Maine Veterans** are eligible to travel with Honor Flight Maine with priority given to our most elderly Veterans and those terminally ill. All Honor Flight Maine trips depart and return from Portland International Jetport. For further information, please contact us at **207.370.7210** or online at **www.honorflightmaine.org**

Please submit **all 6 pages** of this form with required signature(s) as soon as possible to:

Honor Flight Maine
ATTN: Veteran Application
PO Box 699
Brunswick, ME 04011

OR email application to:
mainehonorflight@gmail.com

Your name: _____ **Nickname:** _____
(as it appears on your state or federal ID for airline travel) (if applicable)

Address: _____

City/State: _____ **Zip:** _____

Primary phone: _____ **Cell:** _____

Email: _____

Date of birth (month/day/year): _____ / _____ / _____ **Age:** _____ **Gender:** Male Female

Y N Have you been on a previous trip to Washington DC with Honor Flight Maine?

T-shirt size: S M L XL XXL XXXL XXXXL (Note: T-shirts are in men's sizes; ladies please order accordingly.)

Conflict Eras in Which You Served (NOTE: ALL Maine Veterans are eligible for an Honor Flight regardless of if you served in a conflict or not. This information is for HFM trip planning only):

- WWII Veteran (12-31-1946 or earlier)
- Korean War Veteran (6/27/1950 to 1-31-1955)
- Cold War Veteran (2/1/1955 to 2/27/1961)
- Vietnam War Veteran (2/28/1961 to 5/7/1975)
- Other: _____

Dates you served in the military (month/year to month/year): _____ / _____ to _____ / _____

Branch of service: Army Marines Navy Air Force Space Force Coast Guard
 Merchant Marines **Rank:** _____

In what country(ies) were you stationed? _____

Activity during your service: _____

EMERGENCY CONTACT INFORMATION

Primary emergency contact (someone not traveling with you):

Name: _____ Relationship: _____

Address: _____ City/State: _____

Primary phone: _____ Cell: _____

Email: _____

Non-Spouse alternate contact (son, daughter, grandchild, friend, etc. – **must** be different from other contact names listed):

Name: _____ Relationship: _____

Address: _____ City/State: _____

Primary phone: _____ Cell: _____

Email: _____

BUDDY INFORMATION

If you and a fellow Veteran from the same era 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. We will do our best to accommodate your request but cannot make any guarantees.

Buddy's Name: _____ Buddy's Phone: _____

GUARDIAN INFORMATION

To help ensure a safe and memorable experience, each Veteran traveling with Honor Flight Maine will have a guardian go with them. The guardian is responsible for being by the Veteran's side to assist with baggage, mobility, wellness and keeping on schedule. You have the option to select a relative or friend to take along as your guardian, particularly if you have specific mobility or health needs. Please list their contact information below and have them also submit the guardian application available on our website. This will ensure they will be considered; however, selection is NOT guaranteed. If you do not have someone to travel with you as a guardian, Honor Flight Maine will assign a guardian for you.

NOTE: Guardians should be aged 18-75, in good health, **cannot** be a spouse or significant other, and are requested to make a donation of \$500 to help defray the cost of their travel expenses.

Requested guardian name: _____ Relationship: _____

Phone: _____ Email: _____

Additional comments: _____

YOUR MEDICAL INFORMATION

The information provided below WILL NOT disqualify you! It permits Honor Flight Maine Flight & Medical staff to assess the support we may need during the trip. Information is for Honor Flight Maine Flight & Medical staff only. A medical release may be required by your physician.

Please list your physician's name and phone number in case of emergency:

Name: _____ Phone: _____

Y N Are you terminally ill? (Defined as your doctor will certify that your illness is life limiting and meaning you likely have 12 months or less to live.)

Y N Do you use **mobility equipment**? If yes, how often? _____
 Check mobility equipment used: Cane Walker Wheelchair Scooter

Y N Can you walk up 5-6 stairs on a bus with assistance?

Y N Do you have difficulty **walking** the length of a football field without assistance? If YES, please describe (i.e.: lungs, heart, arthritis): _____

Medications – Please attach extra page(s) if needed for your medications and include all medications (i.e.: prescribed, over the counter, vitamins/supplements, etc.)

Medication Name	How Often	Medication Name	How Often

Y N Do you have any **drug allergies**? If YES, please list: _____

Y N Do you have any **food allergies**? If YES, please list: _____

Y N Do you have any **dietary restrictions**? (i.e.: low salt, gluten free, lactose intolerant)
 If YES, please list: _____

Y N Do you have a history of **heart problems** (i.e.: Arrhythmias, heart attack, by-pass, stent(s), congestive heart failure (CHF), blood clots, pacemaker, internal defibrillator, etc.)
 If YES, please list: _____

Y N Do you have **kidney disease** requiring dialysis? If YES, how often? _____

Y N Do you have **diabetes**?
 If YES, how is it managed: Insulin Pills Diet only
Y N Does your medication need to be refrigerated?
Y N Do you check your blood sugar regularly? If YES, you are required to bring your own glucometer and supplies for the trip.

Y N Do you have a **history of seizure**?
 If YES, what type (i.e.: grand mal, petit mal, other) _____
 Date of your last seizure? _____
 If within the past 5 years, **STRONGLY** advise you to discuss the trip with your physician.

Y N Do you have problems with **motion sickness** (land, sea, air)?
Y N If YES, is it controlled with medications? If motion sickness is not controlled with medications, **STRONGLY** advise you to discuss the trip with your physician.

YOUR MEDICAL INFORMATION continued

- Y N Do you have any **breathing problems?** (i.e., Asthma, Bronchitis, Emphysema, Sleep Apnea, COPD-Chronic Obstructive Pulmonary Disease)
If YES, please describe: _____
- Y N Do you use a home **nebulizer, BiPAP, or CPAP** machine? *If YES, you are STRONGLY advised to discuss the trip with your physician concerning the use of portable hand-held nebulizers during the trip. Veteran is responsible to bring any required oxygen tubing, mask, and BiPAP/CPAP machine.*
- Y N Do you use **oxygen** at any time? If YES – Rate of flow/minute: _____/_____ *If YES, you will need your physician to write a prescription for oxygen to be used during the flight (required by the TSA) and during the trip. Veteran is responsible for providing the prescription to HFM Medical Team at least 1 month before scheduled trip. If needed, oxygen will be provided during the trip. Veteran is responsible to bring any required oxygen tubing and mask or nasal canula.*
- Y N Do you have a history of **open head injuries, sinus problems, or ear problems?**
Y N If YES, have you flown since the open head injury, sinus, or ear problems occurred?
Y N If YES, did you have any problems? _____
If YES, it is STRONGLY advised you discuss the trip with your physician. If you have NEVER flown since the open head injury, sinus, or ear problem began, we STRONGLY advise you to discuss the trip with your physician.
- Y N Do you have a **urostomy or colostomy bag?** *If YES, please make sure the bag is vented prior to the flight. If you do not know if your bag is vented, it is STRONGLY advised that you discuss this issue with your physician.*
- Y N Do you have **memory problems, dementia, Alzheimer's, sundowning, and/or cognitive challenges?**
If yes, please explain: _____
Y N I participate in activities outside of my home
Y N I am more confused in the evenings?
When was the last time you spent the night away from home? _____
- Y N Have you recently fallen or had balance problems?
- Y N Do you require an **ADA** (handicapped) hotel room?

Is there anything else we should know about your physical/medical situation or special needs? Are there any condition(s), not mentioned above, or circumstances which might limit your ability to travel with a commercial airline, or could limit your ability to physically participate in a trip?: _____

Do you have any additional comments or concerns you would like HFM to know about? _____

PLEASE REVIEW CAREFULLY AND SIGN

RELEASE of PERSONAL MEDICAL INFORMATION

I hereby give consent and permission to any of my medical providers or emergency medical providers to discuss and release all my health and treatment information . My signature authorizes Honor Flight Maine to call my physician(s) or any other person familiar with my care to discuss my medical history and to discuss any possible treatment that I may require during the program. My providers are requested and authorized to verbally release this information to any individual during the planned trip that identifies him/herself as a member of Honor Flight Maine participating in the trip or medical persons they have consulted during the trip. Please note that a facsimile signature will also be accepted as an original signature.

RELIANCE ON MEDICAL INFORMATION

The information I have provided on this application is complete and accurate. I understand that Honor Flight Maine medical volunteers will review my health history and may speak with my healthcare provider(s) to clarify any medical concerns. Honor Flight Maine must medically approve all participants to fly. I agree to notify Honor Flight Maine 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 Honor Flight Maine to make me unacceptable to participate, I understand I may be disqualified from participating in an Honor Flight. This decision is at the sole discretion of Honor Flight Maine. I understand that medical insurance and medical costs at all times and that may be incurred pursuant to participation are my responsibility, and that Honor Flight Maine does not provide medical care. I accept all risks associated with travel and other Honor Flight Maine activities, and that I will execute a Release, Covenant Not to Sue and Indemnity agreement in favor of Honor Flight Maine while participating in the program.

HONOR FLIGHT MAINE 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 and from activities, preparing documentation and other activities as a participant or as a volunteer with or on behalf of and at the direction of Honor Flight Maine, a Maine not for profit corporation, which includes any officer, director, employee, volunteer or agent thereof ("Honor Flight Maine"). In consideration of and as a condition of Honor Flight Maine 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 Honor Flight Maine 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 Honor Flight Maine 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 Honor Flight Maine, and agree to discharge, defend, indemnify and hold Honor Flight Maine 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 Honor Flight Maine, and agree to defend, indemnify and hold Honor Flight Maine harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.

Continued on next page:

IV. Notwithstanding any provisions to the contrary in the event of any litigation or arbitration resulting from my activities of any nature with Honor Flight Maine that I agree that venue and jurisdiction is limited to that of the Courts in Cumberland County Maine and or the United States District Court for the District of Maine and that Maine law shall govern.

PHOTOGRAPHY RELEASE

As photographic and video equipment are frequently used to memorialize and document **Honor Flight Maine (HFM)** trips, events, and activities, my image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the HFM program. I hereby authorize Honor Flight Maine 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 Honor Flight Maine as they deem fit. I hereby waive any right to approve the same in advance and waive any rights or compensation or ownership thereto. I hereby release the photographer(s) and HFM from all claims and liability relating to said photographs.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS TERMS AND CONDITIONS AND VOLUNTARILY AGREE TO THE TERMS.

Veteran's Printed name: _____ **Date:** _____

Veteran's Signature: _____

Application Completed by another for the Veteran:

If you are completing this application for the Veteran, please state your name and relationship to the Veteran. By completing and signing this application, you affirm that you also release HFM from any and all liability and indemnify HFM from any claims made on behalf of the Veteran or yourself.

Print name: _____ **Date:** _____

Address: _____ **City/State:** _____

Primary phone: _____ **Relationship:** _____

Signature: _____

Please submit this form to:

Honor Flight Maine
ATTN: Veteran Application
PO Box 699
Brunswick, ME 04011

Or scan & email to: mainehonorflight@gmail.com