

FOR HONOR FLIGHT USE ONLY Last Name: \_\_\_\_\_ Date Received: \_\_\_\_\_

## Veteran Application

**Honor Flight** recognizes American veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at **no cost**. Top priority (for which we are currently accepting application only) is given to WW II and terminally ill veterans from **all** wars. In order for **Honor Flight** to achieve this goal, escorts fly with the veterans on every flight providing assistance and helping veterans have a **safe**, memorable and rewarding experience. Please consider this a small token of appreciation from all of us at **Roughrider Honor Flight** for what you and your comrades have given to us. For further information, please contact us at (701) 373-5416 or visit us at [www.rrhonorflight.com](http://www.rrhonorflight.com)

YOUR NAME: \_\_\_\_\_  
(As it appears on your ID for airline travel)

NICK NAME: \_\_\_\_\_  
(If Applicable)

ADDRESS: \_\_\_\_\_

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

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

Cell: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ AGE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT HONOR FLIGHT? \_\_\_\_\_

T-SHIRT SIZE: (S, M, L, XL, XXL, XXXL) \_\_\_\_\_

**ALTERNATE CONTACT INFORMATION** (son, daughter, etc):

NAME: \_\_\_\_\_

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

Cell: \_\_\_\_\_

EMAIL: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (someone available the day you travel):

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_



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(If more room is needed for medications, please continue on an additional sheet of paper)

1. List any **drug allergies**? (Please list)

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2. List any **food allergies**? (Please list)

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3. Do you have a history of **seizures**? YES NO

Please describe what type (i.e. grand mal, petit mal, other) \_\_\_\_\_

When was your last seizure? \_\_\_\_\_. If within past 5 years, we **STRONGLY** advised you discuss trip with your private physician!

4. Do you have problems with **motion sickness** (car or air)? YES NO.

If yes, is it controlled with medications? YES NO

If motion sickness is not controlled with medications, it is **STRONGLY** advised you discuss the trip with your private physician!

5. Do you have any **breathing problems**? YES NO. If YES, please describe: \_\_\_\_\_

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6. Do you use a **home nebulizer machine**? YES NO. If YES, you are **STRONGLY** encouraged to discuss the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.

7. Do you use **oxygen** at any time? YES NO. If YES, you will need your private physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided.

**The prescription MUST be turned in with the application.**

8. Do you have a **problem walking** the length of a football field without assistance? YES NO. If yes, please describe the reason (e.g. lung problems, arthritis, heart problems, etc.): \_\_\_\_\_

9. Do you have a history of **open head injuries, sinus problems, or ear problems**? YES NO.

If YES, have you flown since the open head injury, sinus or ear problems occurred? YES NO.

If YES, did you have any problems? YES NO

If YES, we **STRONGLY** advised you discuss the trip with your private physician. If you have **NEVER** flown since the open head injury, sinus or ear problems, again we **STRONGLY** advise you discuss the trip with your private physician.

10. Do you have a **urostomy or colostomy bag**? YES NO. If YES, please make sure the bag is vented prior to flight. If you do not know if your bag is vented, it is **STRONGLY** advised that you discuss this issue with your private physician.

11. Do you need an escort for mobility or medical reasons? YES NO.

If YES, please describe the reason: \_\_\_\_\_

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Additional Comments or Concerns: \_\_\_\_\_

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**PLEASE REVIEW CAREFULLY AND SIGN:**

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document *Honor Flight* 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* program. I hereby release the photographer and *Honor Flight* from all claims and liability relating to said photographs. I hereby give permission for my images captured during *Honor Flight* activities through video, photo, or other media, to be used solely for the purposes of *Honor Flight* promotional material and publications, and waive any rights or compensation or ownership thereto.

2. I further state that medical insurance is the responsibility of the veteran and I understand that *Honor Flight* does **NOT** provide medical care. I understand that I accept all risks associated with travel and other *Honor Flight* activities and will not hold *Honor Flight* responsible for any injuries incurred by me while participating in the *Honor Flight* program

SIGNATURE OF VETERAN: \_\_\_\_\_

DATE: \_\_\_\_\_

**Please submit this form to:**

Roughrider Honor Flight  
P.O. Box 220  
Bismarck, N.D. 58502

**ANY QUESTIONS, CALL (701) 373-5416 or Email: [rrhonorflight@hotmail.com](mailto:rrhonorflight@hotmail.com)**