

Screaming Eagle Honor Flight Veterans Application

LAST NAME: _____ DATE RECEIVED: ____/____/____

VETERAN OF: _____ TERMINALLY ILL: YES NO

MEDICAL: YES NO WHEEL CHAIR OXYGEN OTHER _____

Dietary Restrictions: _____

----- Do Not Write Above This Line For Honor Flight Use Only -----

Screaming Eagle Honor Flight recognizes American Veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at no cost. Our priorities are currently Terminally Ill Veterans from any War or conflict, World War II Veterans, Korean War veterans, Vietnam War veterans, Dominican Republic War Veterans, and then All Other Veterans. In the future, Honor Flights will be expanded to include Veterans from other wars or conflicts in an era progression. In order for Honor Flights to achieve this goal, guardians fly with the veterans on every flight providing assistance, and helping Veterans have a safe, memorable, and rewarding experience. For what you and your fellow veterans have given us, please consider this a small token of appreciation from all of us at Screaming Eagle Honor Flight. For more information contact us at 931-920-6364, screamingeaglehf@charter.net.

PART 1 – GENERAL & CONTACT INFORMATION

NAME: _____ NICK NAME: _____
(Please print your name as it appears on your Driver's License or Government-issued ID Card.)

ADDRESS: _____ GENDER: __M__ F

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

E-MAIL ADDRESS: _____ AGE: _____ DOB: ____/____/____
Month Day Year

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

POLO/TEE SHIRT SIZE: (S M L XL XXL XXXL) Circle Your Size

ALTERNATE CONTACT:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

E-mail Address: _____

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

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

E-mail Address: _____

PART 2 – SERVICE INFORMATION

SERVICE HISTORY: BRANCH _____ RANK/RATE _____

- 1. TERMINALLY ILL ANY WAR OR CONFLICT**
- 2. WORLD WAR II) December 7, 1941 to December 31, 1946**
- 3. KOREAN WAR) June 27, 1950 to January 31, 1955**
- 4. VIETNAM WAR*) February 28, 1961 to May 7, 1975**
- 5. DOMINICAN REPUBLIC) April 24, 1965 to September 3, 1965**
- 6. USS PUEBLO) January 23, 1968 to December 23, 1968**
- 7. ALL OTHER SERVICE) Regardless of dates and location**

***In country all others before February 28, 1961**

List the Locations and Dates you served for the boxes checked above

- 1. You are Honor Flight eligible no matter if you served Overseas or Stateside during any of the above Wars/Conflicts**
- 2. Except for those marked with an asterisk must have served in country and may be required to show proof)**

War/Conflict #1 Location(s)/Unit(s) Where You Served: _____

War/Conflict #1 Dates Served: From: ____ / ____ To: ____ / ____
mm yyyy mm yyyy

War/Conflict #2 Location(s)/Unit(s) Where You Served: _____

War/Conflict #2 Dates Served: From: ____ / ____ To: ____ / ____
mm yyyy mm yyyy

War/Conflict #3 Location(s)/Units(s) Where You Served: _____

War/Conflict #3 Dates Served: From: ____ / ____ To: ____ / ____
mm yyyy mm yyyy

War/Conflict #4 Location(s)/Unit(s) Where You Served: _____

War/Conflict #4 Dates Served: From: ____ / ____ To: ____ / ____
mm yyyy mm yyyy

PART 3: MEDICAL INFORMATION

MEDICAL INFORMATION PROVIDED WILL NOT DIQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFORMATION IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.

1. CAN YOU WALK THE LENGTH OF A FOOTBALL FIELD WITHOUT ASSISTANCE? (YES___) (NO___)

If NO state what type assistance/mobility device do you currently need:

(CANE___) (WALKER___) (WHEELCHAIR___) (SCOOTER___) (OTHER, list _____)

If NO please state reason (e.g. lung problems, arthritis, heart problems, etc.): _____

2. MEDICATIONS TAKEN

HOW OFTEN?

MEDICATION TAKEN

HOW OFTEN?

(Attach continuation sheet if needed)

3. Do you have any drug allergies? (YES___) (NO___)

If yes explain _____

4. 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 the last 5 years, we **STRONGLY** advise you discuss trip with your private physician!

5. Do you have problems with motion sickness? (YES___) (NO___)

If yes is it controlled with medications? (YES___) (NO___)

If motion sickness is not controlled by medication s, it is **STRONGLY** advised that you discuss this trip with your private physician!

6. Do you have breathing problems? (YES___) (NO___)

If YES please describe _____.

7. Do you use a home nebulizer machine? (YES___) (NO___)

If YES we **STRONGLY** advise you to discuss the trip with your private physician concerning the use of portable hand held nebulizers during the trip!

8. Do you use oxygen? (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 should be turned in with the application.

9. Do you have a history of open head injuries, sinus or ear problems? (YES___) (NO___)

If YES, **have you flown since the open head injury, sinus or ear problem**? (YES___) (NO___)

If YES, did you have any problems? (YES___) (NO___)

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

PART 3: MEDICAL INFORMATION (Continued)

10. Do you have a **urostomy or colostomy bag**? (YES ___) (NO ___)

If YES, please make sure it is vented prior to flight.

If you do not know if your bag is vented, we **STRONGLY** advise you discuss this issue with you private physician.

11. Do you have any **Dietary restrictions**? (YES ___) (NO ___). If YES, please list: _____

12. Day of the Honor Flight - Will you be meeting us in **CLARKSVILLE** or at the **NASHVILLE AIRPORT**? (Circle one)

13. Do you have transportation to the airport and/or pick up and drop off points (YES ___) (NO ___)

14. Additional Comments or Concerns: _____

PART 4: GUARDIAN/ESCORT REQUEST & INFORMATION

IMPORTANT NOTICE

1. Members of the veterans' family may serve as their Guardian provided they pay the current fees and meet all eligibility and physical requirements to be a Guardian. Guardian application must accompany Veterans application.

2. Due to insurance rules Guardians cannot be over the age of 70 years old or younger than 16 years old. Guardians under the age of 18 must have parents or legal guardians signed permission.

Do you currently have a specific relative or individual you would like as your Guardian? If so put their name and contact information here **AND please have individual fill out and send in a Guardian Application as soon as possible!**

Name: _____ Phone Number: _____

Address: _____ City, State, Zip _____

For more information contact us at:

Screaming Eagle Honor Flight

PO Box 20075

Clarksville, TN 37042

Phone: 931-920-6364

Email: Screamingeaglehf@charter.net

3. You will be contacted upon receipt of your application as to your waiting list position. You will then be contacted prior to our flight as to your selection status for the upcoming flight.

4. Unless you have listed a specific individual to be your Honor Flight Guardian you will be contacted by the individual we assign as your Guardian approximately 30 days prior to the flight for introduction purposes. Your assigned Guardian will assist you as needed in getting to the pickup & drop off point, and then back home

PART 5: CONSENT FORM & SIGNATURE

PLEASE REVIEW CAREFULLY AND SIGN: The undersigned acknowledges and agrees that:

1. I, _____, am about to voluntarily participate in various activities, including (but not limited) to flying activities, of the Honor Flight™ Inc., as passenger. In consideration of (i) the Honor Flight™ Inc. permitting me to participate in these activities and (ii) the entity providing free aircraft and flight service in connection with the Honor Flight™ activities (the "Flight Provider"), 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 Honor Flight™ Inc. (including the organization known as The Honor Flight™ Network) or against the Flight Provider (collectively, the "Released Parties") for any destruction, loss, damage or injury (including death) to my person or property, whether or not now known or foreseeable, which may occur from any cause whatsoever as a result of my participation in the activities of the Honor Flight™ Inc. 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 against the Released Parties in connection with my participation in the activities of the Honor Flight™ Inc. organization, I agree, for myself, my heirs, administrators, executors and assigns to indemnify the Released Parties 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 the Honor Flight™ Inc. activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of the Released Parties.

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

I further understand that the term Honor Flight™ organization includes the non-profit organization known as Honor Flight™, any officer, agent and/or employee thereof. I further understand that the term Flight Provider includes any director, officer, agent, attorney, employee or affiliate thereof and any pilot, aircraft owner or others providing services to the Flight Provider.

I understand and acknowledge that I may seek advice from legal counsel before signing this release. By signing this release, I acknowledge that either I have sought the advice of legal counsel or wish to now waive the opportunity to consult a lawyer before signing this release.

2. I further state that medical insurance is the responsibility of the veteran and I understand that neither Honor Flight™ nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight network activities and will not hold Honor Flight™, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

_____/_____/_____| _____ | _____
DATE VETERAN SIGNATURE SIGNATURE OF HONOR FLIGHT OFFICIAL

3. As photographic and video equipment are frequently used to memorialize and document Honor Flight™ trips and events, his or her image may appear in a public forum, such as the media or 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 media, to be used solely for the purposes of Honor Flight™ promotional material and publications, and waive any rights or compensation or ownership thereto. I authorize Honor Flight™ Inc. officials to release my contact information (home phone and address) to other requesting individuals who participate in the same flight for purposes of communication and camaraderie with other participants. Please circle one and initial: YES NO Initials _____

Please submit this form to:

Screaming Eagle Honor Flight
ATTN: Veterans Application
P.O. Box 198
Clarksville, TN 37041

Part 6: IMPORTANT CANCELLATION INFORMATION

Please notify us immediately if there is any change that may prevent you from flying on the date scheduled. This notification is so we can replace you with another deserving veteran. The group travel tickets we purchase for these trips are non-refundable!

PLEASE NOTE: Once you have been scheduled to fly and for any reason have to cancel you will not lose your position on our waiting list.