



# Greater Lafayette Honor Flight Veteran Application for 2018

Greater Lafayette Honor Flight recognizes America's war veterans for their service and sacrifice by flying them to Washington, DC to see their memorial, at no cost. We are currently accepting applications for WWII Korean and Vietnam War Era veterans. All **Greater Lafayette Honor Flight** trips depart and return from Lafayette Airport (LAF Purdue). For further information, please contact us at 765-426-1245 visit our website at [www.greaterlafayettehonorflight.org](http://www.greaterlafayettehonorflight.org)

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

Greater Lafayette Honor Flight  
ATTN: Veteran Application  
P.O. Box 275  
Lafayette, IN 47902-0275

**2018 Flight Dates - Note the flight day change to TUESDAY**

Tuesday, April 17, 2018  
Tuesday, May 8, 2018  
Tuesday, September 11, 2018  
Tuesday, October 16, 2018

Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

County: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Date of Birth (Month, Day, Year): \_\_\_\_\_

Weight: \_\_\_\_\_

Gender

 Male Female

Shirt Size (Please circle your size) S M L XL XXL XXXL

How did you hear about Greater Lafayette Honor Flight?

I am a:

 WWII Veteran Korean War Veteran Vietnam War Veteran

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

Branch of Service

 Army Air Force Navy Marines Coast Guard Merchant Marines Other

Rank: \_\_\_\_\_

Hometown (City and state where you enter the service)

Country(ies) where you served: \_\_\_\_\_

Activity and unit during the war: \_\_\_\_\_

## ***Contact Information***

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

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City and State: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Non-spouse alternate contact (son, daughter, grandchild):

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City and State: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Non-spouse alternate contact (son, daughter, grandchild):

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City and State: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## ***Buddy Information***

If you and a fellow veteran from the same war 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.

Buddy's Name: \_\_\_\_\_ Buddy's Phone: \_\_\_\_\_

## ***Guardian Information***

To help ensure a safe and memorable experience, Greater Lafayette Honor Flight assigns each veteran their own personal companion for the day. These trained "Guardians" will provide excellent care and are responsible for being by the veteran's side throughout the trip. If you believe there is a medical need that necessitates that a specific relative or friend be considered to act as your guardian, please list that person's contact information below. Please also ask them to fill out a Guardian application found at [www.LafayetteGoldStarMothers.org](http://www.LafayetteGoldStarMothers.org) which assures they will be considered, however selection is NOT guaranteed. Your spouse is NOT eligible.

Requested guardians name \_\_\_\_\_ Phone: \_\_\_\_\_

## *Medical Information*

The following medical information is necessary for the Greater Lafayette Honor Flight's volunteer, medical, and administrative staff to ensure that you have a safe and memorable day. ***THIS INFORMATION WILL NOT DISQUALIFY YOU.***

Please check any mobility equipment used:       Cane       Walker       Wheelchair       Scooter

If you are in a wheelchair, are you able to climb stairs with assistance?       Yes       No

Do you have a history of seizures:       Yes       No      Please describe: \_\_\_\_\_  
(i.e. grand mal, petit, mal, other)

When was your last seizure? \_\_\_\_\_

Do you have problems with motion sickness (sea or air)?       Yes       No

If yes, is it controlled with medications?       Yes       No

Do you have any breathing problems?       Yes       No      If yes, please describe: \_\_\_\_\_

Do you use oxygen at any time?       Yes       No

- If yes, your private physician must write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided by Honor Flight once we land in Washington, DC. You will be responsible for providing oxygen needed for the flight to Washington, DC and the return trip to Lafayette, IN

Do you have a problem walking the length of a football field unassisted?       Yes       No

- If yes, please describe the reason(i.e. lung problems, arthritis, heart problems, etc.) \_\_\_\_\_

Do you have diabetes?       Yes       No

- If yes injected or oral?       Injected       Oral

- Does your medication require refrigeration?       Yes       No

- Do you carry glucose with you?       Yes       No

**MEDICATIONS (name, amount of dosage and how often taken. If necessary, please attach additional sheets)**

Medication and dosage	When Taken	Medication and dosage	When Taken

## *Liability Waiver*

**GREATER LAFAYETTE HONOR FLIGHT** is a collection of local volunteers who have come together to honor Veterans. We arrange trips to Washington, D.C. for Honorees to visit national monuments and memorials to bring credit and remembrance to our local heroes and to those who gave their lives to guarantee for freedoms as American. As all of our efforts are geared toward taking care of our Honorees, we strive to make our trips as safe as we can, however, there is always a chance the unforeseen can occur. In this modern day or litigation, our non-profit organization cannot conduct this vision without protecting ourselves against the unforeseen.

I, \_\_\_\_\_, agree to voluntarily participate in one of many activities (as an Honoree, Guardian, etc.) hosted by **GREATER LAFAYETTE HONOR FLIGHT**, a non-profit organization. In consideration of this organization permitting me to participate in these activities, 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 **GREATER LAFAYETTE HONOR FLIGHT** for any destruction, loss, damage or injury (including death) to my person or property which may occur from any cause whatsoever as a result of my participation in the activities of the **GREATER LAFAYETTE HONOR FLIGHT** organization. I also understand that, as a volunteer performing **GREATER LAFAYETTE HONOR FLIGHT** activities, the **GREATER LAFAYETTE HONOR FLIGHT** organization will not hold me liable for damages that I may cause through my negligence.

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 **GREATER LAFAYETTE HONOR FLIGHT** activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of the **GREATER LAFAYETTE HONOR FLIGHT** organization. I further understand the term **GREATER LAFAYETTE HONOR FLIGHT** organization includes the non-profit organization known as **GREATER LAFAYETTE HONOR FLIGHT**, and officer, agent and/or employee thereof, any **GREATER LAFAYETTE HONOR FLIGHT** member, participant, user or flight or ground instructor, acting officially or otherwise.

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

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

**Persons who cannot agree to the terms listed above are requested not to sign below and to not participate in GREATER LAFAYETTE HONOR FLIGHT activities in any way.**

---

I authorize GREATER LAFAYETTE HONOR FLIGHT officials to release my contact information (home phone and mailing address) to other requesting individual who participate in the same flight for purposes of communication and camaraderie with other participants. Please circle and initial: **YES NO** Initials: \_\_\_\_\_

---

The undersigned acknowledged and agrees that the information on this application is correct. Please print your name and sign below it.

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

If you are completing this application for your veteran, please print your name, relationship to the veteran and provide a phone number for us to contact you.

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP TO THE VETERAN: \_\_\_\_\_