PLEASE REVIEW CAREFULLY AND SIGN

Video and still photography will be used to memorialize and document your trip. To acknowledge and promote the work of Honor Flight, your image may appear in public forums, such as the media or our website. By signing below, you release the photographer and High Plains Honor Flight from any and all claims and liability related to said photographs and videos. Additionally, you hereby give permission for such images of you to be used solely for the purpose of High Plains Honor Flight promotional material and publications, and you waive any rights to compensation and ownership thereto.

Additionally, by signing below, you state that you understand that medical expenses will be your responsibility and that you understand that High Plains Honor Flight does NOT provide medical care. Understand that you accept all risks associated with the travel and other activities related to the trip and that you will not hold High Plains Honor Flight liable for injuries, accidents, or illness sustained while participating in the program.

Honor Flight trips begin and end at locations designated by High Plains Honor Flight, currently the Embassy Suites Hotel in Loveland, CO, and all veterans are required to participate in the entire trip.

Veterans please mail in a copy of your DD214 with social security number redacted (blacked out). This document will be destroyed once status is verified.

Veteran's Signature: _____ Date: _____

Mail your application to:

HIGH PLAINS HONOR FLIGHT
P.O. BOX 363
AULT, CO 80610-0363

You can learn more about **High Plains Honor Flight** at our web site:
www.highplainshonorflight.org

For questions about your Honor Flight trip and what to expect call:

(970) 409-4188

VETERAN APPLICATION DATE REC. _____

High Plains Honor Flight recognizes America 's veterans for your service and sacrifices by flying you to Washington , D.C. to see **YOUR** memorials built in **YOUR** honor - **at no cost to you.**
Terminally ill Vets receive the highest priority, otherwise priority is given in the following order. Service must have occurred within the following Department Of Defense established dates of each conflict.

1) World War II - service prior to January 1, 1947
2) Purple Heart Recipients from any conflict
3) Korean War - service between June 27, 1950 & January 31, 1955
4) Vietnam War - Service In Country between February 28, 1961 & May 7, 1975; All others August 5, 1964 to May 7, 1975

*** Terminally ill vets or their representatives should contact Matt Voris (970) 301-8888**

VETERAN INFORMATION

First Name _____ Initial _____ Last Name _____ Gender Male ☐ Female ☐

(As it appears on your picture ID, for airline travel and security

Date of Birth _____ Age _____ Nickname _____

T-Shirt Size
☐ S ☐ M ☐ L
☐ XL ☐ 2XL ☐ 3XL

NOTE: T-Shirts and jackets are Mens sizes, so ladies order accordingly.

Address _____

City _____ State _____ Zip _____

Primary Phone _____

Cell Phone _____

Email _____

YOUR SERVICE HISTORY

Date or Periods of Service _____ Rank _____ Branch _____

Briefly describe your service during WWII, Korea, or Vietnam; or when you received a Purple Heart. If you served our country but outside of the time-frames above, when and where did you serve.

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address _____ Primary Phone _____

City _____ State _____ Zip _____ Cell Phone _____

TRAVEL COMPANIONS

Are you intending to travel with another Veteran who is submitting an application? ☐ Yes ☐ No

If yes, their name _____ * Requires a separate Veteran application.

Do you have family or friends who are volunteering to serve as a Guardian on your trip? ☐ Yes ☐ No

If yes, their name _____ * Requires a separate Guardian application.

NOTE: Spouses are not allowed to travel as guardians for their husbands or wives.

Vet Name _____ **MEDICAL INFORMATION** Are you terminally ill? ☐ Yes ☐ No

THE MEDICAL INFORMATION YOU PROVIDE HERE WILL NOT BE USED TO DISQUALIFY YOU. RATHER, IT PERMITS US TO DETERMINE THE SUPPORT YOU WILL NEED DURING THE TRIP. THIS INFORMATION WILL BE USED BY HONOR FLIGHT AND OUR MEDICAL VOLUNTEERS ONLY; YOUR PRIVACY WILL BE RESPECTED.

MEDICATIONS

Med 1 _____ Med 6 _____

Med 2 _____ Med 7 _____

Med 3 _____ Med 8 _____

Med 4 _____ Med 9 _____

Med 5 _____ Med 10 _____

Do you have any drug allergies? ☐ Yes ☐ No

If yes, to what? _____

Do you have a history of seizures? ☐ Yes ☐ No

If yes, what type? _____ When was your last seizure? _____

** If within the last 5 years, we STRONGLY advise you to discuss this trip with your doctor*

Do you have a problem walking 100 - 200 yards without assistance? ☐ Yes ☐ No

If yes, please describe the reason _____

Do you use mobility equipment? ☐ Yes ☐ No

If yes, please select the device you use ☐ Cane ☐ Walker ☐ Wheel Chair ☐ Scooter

Do you have a problem with motion sickness? ☐ Yes ☐ No

If yes, is it controlled with medication? ☐ Yes ☐ No

*If you have problems that are not controlled by medication, we STRONGLY advise you to discuss this trip with your doctor.

Do you have breathing problems? ☐ Yes ☐ No

If yes, please describe _____

Do you use a home nebulizer? ☐ Yes ☐ No

Do you use oxygen at any time? ☐ Yes ☐ No Oxygen provider _____

If yes, please describe _____

**Oxygen will be provided; but you must provide a copy of your prescription with this application. We will then be able to supply the oxygen you need for the flights and while you are in Washington D.C.*

Do you have any open head wounds, sinus problems, or ear problems? ☐ Yes ☐ No

If yes, have you flown since these problems began to occur? ☐ Yes ☐ No

If yes, do you have any problems flying? ☐ Yes ☐ No

**Please discuss this trip with your doctor if you have not flown since these problems have occurred.*

Do you use a urostomy or colostomy bag? ☐ Yes ☐ No

**If you don't know if your bag is vented, please check with your doctor prior to the trip.*