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(HFO use only)

HONOR FLIGHT of the OZARKS VETERAN APPLICATION and RELEASE

**IF YOU HAVE PREVIOUSLY ATTENDED AN HONOR
FLIGHT, YOU WILL NOT BE ELIGIBLE FOR ANY FUTURE
FLIGHT WITH HONOR FLIGHT OF THE OZARKS**

Veterans: Thank you for your service to our country. Honor Flight of the Ozarks is a not-for-profit, charitable corporation, organized to serve United States military veterans of **World War II** (December 7, 1941 through December 31, 1946), **Korean Conflict** (June 27, 1950 through January 31, 1955), **Vietnam Era** (February 28, 1961 through May 7, 1975) and **Desert Shield/Storm** (April 7, 1990 through August 2, 1996). If you served honorably in the U.S. Army, Marine Corps, Navy, Air Force, Coast Guard or National Guard, then you are eligible to participate in the Honor Flight of the Ozarks program. Veterans and Guardians selected for each flight will be notified by phone, e-mail or by USPS mail.

Priorities as follows:

- A) All terminally ill Veterans
- B) World War II Veterans
- C) Korean Conflict Veterans
- D) Vietnam Era Veterans (will be selected based upon date of application.)
- E) Desert Shield/Storm
- F) All Veterans must be physically able to travel as determined by our medical staff.

Please send the COMPLETED and SIGNED application by mail to:

**HONOR FLIGHT OF THE OZARKS
P.O. BOX 3964, SPRINGFIELD, MO 65808-3964**

Questions? Please call 417.268.9052. If no one answers, please leave a message and one of our staff members will call you back.

PLEASE FILL OUT EACH SPACE COMPLETELY. IF THE INFORMATION REQUESTED IS NOT APPLICABLE TO YOU, PUT "N/A". IF NONE, PUT "NONE".

Please print your name EXACTLY as it appears on your photo ID (needed for airport security-TSA)

YOUR NAME: _____
(Please list your FULL NAME) LAST FIRST MIDDLE

Name Preferred on a Name Badge: _____

MAILING ADDRESS: _____
STREET CITY STATE ZIP

PHONE: Day _____ Evening _____ Cell _____

DATE OF BIRTH: _____ **AGE:** _____ **GENDER:** Male Female

EMAIL ADDRESS: _____

You will be issued an Honor Flight of the Ozarks t-shirt and hat free of charge. The wearing of the t-shirt is mandatory and shall be worn over all other clothing at all times when participating in the Honor Flight Program. You may wish to wear your personal service cap.

T-SHIRT SIZE: S M L XL XXL XXXL (Circle One)

SERVICE HISTORY

Dates of service must include one or more of the below listed dates: (Circle all that apply)

TERMINALLY ILL (Service at any time)

WORLD WAR II (December 7, 1941 - December 31, 1946)

KOREAN CONFLICT (June 27, 1950 - January 31, 1955)

VIETNAM ERA (February 28, 1961 - May 7, 1975)

DESERT SHIELD/STORM (April 7, 1990 – August 2, 1996)

Dates of Service: _____ to _____

BRANCH OF SERVICE (Check all that apply):

<input type="checkbox"/> Army	<input type="checkbox"/> Air Force
<input type="checkbox"/> Navy	<input type="checkbox"/> Coast Guard
<input type="checkbox"/> Marines	<input type="checkbox"/> Other _____

Form and type of discharge received from the military:

<input type="checkbox"/> Honorable	<input type="checkbox"/> Bad Conduct Discharge
<input type="checkbox"/> General (under honorable conditions	<input type="checkbox"/> Dismissal (Officers only)
<input type="checkbox"/> Other than Honorable	<input type="checkbox"/> Dishonorable
<input type="checkbox"/> Entry Level Separation	

EMERGENCY CONTACT INFORMATION

(The Emergency Contact should be someone available on the day of the trip.)

NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____
STREET CITY STATE ZIP

PHONE: Day*: _____ Evening: _____ Cell*: _____

E-MAIL ADDRESS: _____

ALTERNATE EMERGENCY CONTACT INFORMATION (MANDATORY)

NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____
STREET CITY STATE ZIP

PHONE: Day*: _____ Evening: _____ Cell*: _____

E-MAIL ADDRESS: _____

4. Do you have a problem **walking** without assistance? **YES / NO**
If yes, please describe the reason (e.g. lung problems, arthritis, heart problems, etc.)

5. **PLEASE LIST ANY MEDICATION YOU TAKE AND HOW OFTEN YOU TAKE IT:**

6. List **Surgeries in the past 10 years:**

7. Do you have any **drug allergies**? **YES / NO**
If YES, please list:

8. Do you have any **food allergies**? **YES / NO**
If YES, please list:

9. Do you require a special meal? **YES / NO**

If YES, _____

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

If yes, please describe what type (i.e. grand mal, petit mal, other) _____

When was your last seizure? _____

If within the past 5 years, we **STRONGLY** advise you discuss this trip with your private physician!

11. Do you have any problems with **motion sickness** (sea or air)? **YES / NO**

If yes, is it controlled with medications? **YES / NO**

If within the past 5 years, we **STRONGLY** advise you to discuss this trip with your private physician!

12. Do you have any **breathing problems**? **YES / NO**

If YES, please describe:

13. Do you use a **nebulizer machine**? **YES / NO**

If YES, we **STRONGLY** encourage you to discuss this trip with your private physician concerning the use of a portable handheld nebulizers during the trip.

14. Do you use **oxygen at any time**? **YES / NO**

When? _____ If YES, you will need your private physician to write a prescription for oxygen to be used during the flight and tour. **Oxygen will be provided in Washington, and an oxygen concentrator for air travel.** The prescription should be turned in with this application.

15. 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, it is **STRONGLY** advised that 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.

16. Do you have a **urostomy, urinary catheter, 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.

17. Are you **claustrophobic**? **YES / NO**

18. Are you **visually impaired**? **YES / NO**

19. Are you **deaf or hard of hearing**? **YES / NO**

20. Have you been diagnosed with **memory problems**? **YES / NO**

Alzheimer's Disease? **YES / NO**

Cognition / Sundowning? **YES / NO**

21. Have you been diagnosed with having **diabetes**? **YES / NO**

Do you use insulin? **YES / NO**

22. Do you wear or have a **heart pacemaker implanted**? **YES / NO**

23. Please list all heart (cardiac) conditions/surgeries over the past 10 years (includes, but not limited to, bypass surgeries, stints, cardiac ablation, congestive heart failure, any heart disease, cardiac arrest, stroke, etc.)

24. Do you have any condition(s) (not mentioned previously) or circumstances which might limit your ability to travel with a commercial airline, or could limit your ability to physically participate in this event?

25. ADDITIONAL MEDICAL COMMENTS OR CONCERNS:

26. Do you have a Living Will or Advance Directive? **YES / NO**

27. Do you have Medical Insurance? **YES / NO**

28. Do you have a Medical Supplementary Insurance Policy? **YES / NO**

29. Have you been the recipient of a previous Honor Flight trip from any other Honor Flight hub? **YES / NO**

You and your spouse must initial each paragraph and sign at the bottom of this form.
Veteran and Spouse Agreement, Release and Liability, Assumption of Risk, Covenant Not To Sue and Indemnity

In consideration of being permitted to voluntarily participate in various activities, including but not limited to flying activities, tour activities, transportation activities of the Honor Flight of the Ozarks and/or Honor Flight (TM), herein, collectively referred to Honor Flight activities, I hereby agree as follows:

I certify that all responses in the Veteran’s application above are true and incorporated into this release. I further certify that I have not withheld medical information nor failed to fully disclose all known medical information, as requested
Veteran’s Initials (_____) Spouse’s Initials (_____)

1. It is agreed between the parties that Honor Flight activities may be dangerous and may result in injury or death. It is further agreed between the parties that the unforeseen may happen and that no one can delineate all the risks and possibilities of error or hazards. Therefore, I specifically include in this release, any injury resulting from any occurrence, whether foreseen or unforeseen, and whether contemplated or not contemplated
Veteran’s Initials (_____) Spouse’s Initials (_____)

2. I understand that this agreement, release of liability and assumption of risk and indemnity, includes Honor Flight of the Ozarks and/or Honor Flight (TM) and any of their officers, board members, directors, shareholders, agents, customers, associated entities, employees, volunteers, medical staff and anyone involved in any manner with my "Honor Flight activities" and specifically including but not limited to all aspects of traveling and touring by aircraft, buses, taxis or other motor vehicles or other modes of transportation, hereinafter collectively referred to in this agreement, release of liability, assumption of risk and indemnity as "Honor Flight of the Ozarks".
Veteran's Initials (_____) Spouse's Initials (_____)

3. This entire release and liability and assumption of risk is expanded to include all parties mentioned anywhere in this document by name or by category, all vendors or suppliers of materials or equipment for "Honor Flight activities" including but not limited to the manufacturer of the equipment, its employees, directors, officers and shareholders and all associated entity shareholders, partners, employees and all other persons in any way associated with any entity mentioned in the body of this document.
Veteran's Initials (_____) Spouse's Initials (_____)

RISKS CONTEMPLATED

4. This agreement is made in contemplation of all "Honor Flight activities" including the foreseen and unforeseen, which shall include but not limited to all aspects of traveling to or from Honor Flight activities or any facilities used by Honor Flight of the Ozarks and/or Honor Flight (TM).
Veteran's Initials (_____) Spouse's Initials (_____)

RELEASE FROM LIABILITY

5. I hereby release and discharge Honor Flight of the Ozarks and/or Honor Flight (TM) from any and all liability, claims, demands or cause of action that I may hereafter have for injuries or damages or loss of property, arising out of my participation in Honor Flight activities, even if caused by negligence or other fault of Honor Flight of the Ozarks or Honor Flight (TM).
Veteran's Initials (_____) Spouse's Initials (_____)

COVENANT NOT TO SUE

6. I further agree that I will not sue or make claim against Honor Flight of the Ozarks and/or Honor Flight (TM) or any of their officers, directors, employees, volunteers, agents, medical staff or other persons firms or corporations participating in or assisting Honor Flight of the Ozarks and Honor Flight (TM) and/or Honor Flight activities.
Veteran's Initials (_____) Spouse's Initials (_____)

INDEMNIFICATION AND HOLD HARMLESS

7. I also agree to indemnify and hold harmless Honor Flight of the Ozarks and/or Honor Flight (TM) from all claims, judgments, and costs, including but not limited to attorney's fees and to reimburse them for any expenses whatsoever incurred in the connection of the defense of any action brought as a result of my Honor Flight activities, even if caused by negligence or other fault Honor Flight of the Ozarks or Honor Flight (TM).
Veteran's Initials (_____) Spouse's Initials (_____)

ASSUMPTION OF RISK

8. I understand and acknowledge that Honor Flight activities may be dangerous and I expressly and voluntarily assume all risks of death, personal injury or property loss sustained while participating in Honor Flight activities whether such risk is foreseen or unforeseen, contemplated or not contemplated and whether or not caused by negligence or other fault of Honor Flight of the Ozarks and/or Honor Flight (TM), including but not limited to equipment malfunction, motor vehicle accidents, transportation accidents or any deficiencies or any other injury or property loss I may sustain even if caused by negligence or any fault of Honor Flight of the Ozarks and/or Honor Flight (TM).
Veteran's Initials (_____) Spouse's Initials (_____)

PARTIES BOUND BY THIS AGREEMENT

9. It is my understanding and intention that this agreement and release of liability and assumption of risk and indemnity, be binding not only upon myself, but on anyone or any entity, including but not limited to my estate, my heirs, that/who may be able or do sue because of my injury or death or property loss. It is further my understanding

and agreement that this release is intended to and does in fact release Honor Flight of the Ozarks and/or Honor Flight (TM) and all officers, agents, directors, volunteers, veterans, medical staff, guardians, and all persons, firms or corporations on their behalf liable from any and all claims and obligations foreseen and unforeseen, contemplated and not contemplated, whatsoever arising in any way from my participation in Honor Flight activities, even if caused by negligence or other fault of Honor Flight of the Ozarks and/or Honor Flight(TM).

Veteran's Initials (_____) Spouse's Initials (_____)

DURATION OF RELEASE

10. It is my understanding and intention that this release and agreement be effective not only from the time of my execution of this document before any subsequent activities in any way associated with Honor Flight of the Ozarks and/or Honor Flight (TM). Veteran's Initials (_____) Spouse's Initials (_____)

ENFORCEABILITY

11. I agree that if any portion of this agreement, release of liability and assumption of risk and indemnity are found to be unenforceable or against public policy, that only that portion shall fail, but I specifically waive any unenforceability or other public policy argument that I may make or that may be made on behalf of my estate or by anyone who would sue because of my injury or death or property loss.

Veteran's Initials (_____) Spouse's Initials (_____)

12. I hereby agree to waive any and all duty of care, whether by omission or commission, or any other duty which may be owed me by Honor Flight of the Ozarks and/or Honor Flight (TM).

Veteran's Initials (_____) Spouse's Initials (_____)

13. It is my agreement with Honor Flight of the Ozarks and/or Honor Flight (TM) and my intention that this document be broadly construed in favor of Honor Flight of the Ozarks and against me and that any and all ambiguities be resolved in favor of Honor Flight of the Ozarks and/or Honor Flight (TM).

Veteran's Initials (_____) Spouse's Initials (_____)

14. It is further agreed between the parties that no matter where venue lies, any lawsuits shall be filed in the Circuit Court of Greene County, Missouri. It is further agreed that in the event any lawsuit is filed or other than in the Circuit Court of Greene County, Missouri, that such lawsuit shall be moved to Greene County, Missouri or such other location as Honor Flight of the Ozarks and /or Honor Flight (TM) shall specify in its unlimited discretion on Motion and at the option of Honor Flight of the Ozarks and/or Honor Flight (TM).

Veteran's Initials (_____) Spouse's Initials (_____)

15. I hereby agree to pay for damages to any and all equipment, aircraft, motor vehicles or other properties which I cause directly or indirectly which occurred during my Honor Flight activities.

Veteran's Initials (_____) Spouse's Initials (_____)

16. I authorize Honor Flight of the Ozarks and/or Honor Flight (TM) to release contact information (home phone and address) to other requesting individuals who participate for purposes of communication and camaraderie with other participants. Veteran's Initials (_____) Spouse's Initials (_____)

17. I hereby authorize Honor Flight of the Ozarks or its assignee to take any photographs and videos as they may deem appropriate of myself or my party and to use those photographs in such manner as they may deem appropriate and specifically waive any interests, proprietary or otherwise I may have in such photographs or videos. I fully understand that my activities may be recorded by media such as t.v. stations, newspapers or other institutions and assign all of my right title and interests in any audio or images obtained by such persons, firms or corporations to Honor Flight of the Ozarks and/or Honor Flight (TM). Veteran's Initials (_____) Spouse's Initials (_____)

18. As photographic and video equipment are frequently used to memorialize and document Honor Flight of the Ozarks 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 of the Ozarks program. I hereby release the photographer and Honor Flight of the Ozarks from all claims and liability relating to said photographs. I hereby give

permission for my images captured during Honor Flight of the Ozarks activities through video, photo, or other media, to be used solely for the purposes of Honor Flight of the Ozarks promotional materials and publications, and waive any rights or compensation or ownership thereto.

Veteran's Initials (_____) Spouse's Initials (_____)

19. I furthermore state that medical insurance is the responsibility of the Veteran and I understand that neither Honor Flight of the Ozarks 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 of the Ozarks activities and will not hold Honor Flight of the Ozarks, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight of the Ozarks responsible for any injuries incurred by me while participating in the Honor Flight of the Ozarks program.

Veteran's Initials (_____) Spouse's Initials (_____)

LEGAL RIGHTS

20. It has been explained to me and I understand that by signing this document, I am giving up important legal rights and it is my intention to do so. Veteran's Initials (_____) Spouse's Initials (_____)

UNDERSTANDING OF AGREEMENT

21. I hereby certify that I have read and understand the contents of this document and I wish to be bound by its terms and I understand by signing this I have forever given up important legal rights.

Veteran's Initials (_____) Spouse's Initials (_____)

Signature of Veteran: _____ Printed name: _____ Date: _____

Signature of Veteran's Spouse: _____ Printed name: _____ Date: _____

Signature of Witness: _____ Printed name: _____ Date: _____

Signature of Legal Guardian: _____ Printed name: _____ Date: _____

(If applicable)

If you are a Veteran or spouse, execute where indicated.

If you are a witness, execute where indicated.

Signature of Honor Flight of the Ozarks Official _____

Please submit fully completed form by mail to:

**HONOR FLIGHT OF THE OZARKS
PO BOX 3964
SPRINGFIELD, MO 65808-3964**

For further information, please contact Honor Flight of the Ozarks at (417) 268-9052