

FOR HONOR FLIGHT SAN ANTONIO USE ONLY

NAME:

DATE RCVD:

VETERAN APPLICATION

Honor Flight San Antonio (HFSA) recognizes the service and sacrifice of our American Veterans by offering a FREE, ALL EXPENSES PAID trip to Washington DC to visit the memorials and monuments dedicated to the armed services. We are currently accepting applications from Veterans of WWII and/or terminally ill Veterans from all wars. In addition, HFSA is accepting application from Veterans of the Korean and Vietnam wars. HFSA provides trained Guardians who escort the Veterans, offering assistance for a safe, memorable and rewarding journey. Spouses cannot travel with the Veteran as a Gurardian. Spouses who are Veterans will travel as a Veteran. Family Guardians are limited to one person per Veteran. Please be advised that at this time, the waiting list to travel is up to 9 months. If there are medical needs that require immediate travel, contact the HFSA team immediately. Veterans will be notified when their application is received, and again when they are selected to travel. Please complete all parts of this application, all information is kept confidential.

Name: (as it appears on your photo ID for TSA security)

First:	Middle:	Last:
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Nickname:	Date of Birth:	Age:
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Address:

City/State:

Zip:	Home Phone:	Cell:
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Email:	Shirt Size:
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How did you hear about Honor Flight San Antonio?

Is there another veteran you would like to travel with?

Have you traveled with any Honor Flight group before? Yes: No:

Service History: WWII: Korea: Vietnam: (Check all that apply)

Branch:	Rank:	Year entered Service:
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Where did you serve?

When were you Discharged?

Emergency contact information:

Name:	Relationship:
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Address:

City/State:

Zip:	Home Phone:	Cell:
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Email:

If you would like a family member to be your Guardian, application forms can be downloaded from our website or contact us at 210-802-7472. Guardians will be required to donate \$500.00. The \$500 Guardian donation covers some of their expenses. We fly from San Antonio International Airport (SAT). If you reside outside the San Antonio metro area, a hotel room can be arranged for you at your expense. We rely on family and friends to participate in transporting veterans to and from our events. If you need a ride from your hotel on the morning of our departure, please let us know as soon as possible.

Need ride:	Yes:	No:
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Hotel:	Yes:	No:
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Medical Information: Information provided will not disqualify you for one of our trips. The information will allow us to assess the support needed during the trip. Medical personnel from HFSA will contact you to discuss your medical needs. All information is confidential. Medical personnel always accompany veterans on the flights.

HFSA will provide wheelchairs. We cannot take scooters. Do you use mobility equipment? Please Check One:

Cane Walker Wheelchair Scooter

Check the one that best describes your ability to walk a half mile:

- Easily, can walk more
- Can but slowly
- Would need some assistance

Have you fallen in the past 3 months? Yes: No:

Have you fallen in the past 6 months? Yes: No:

Do you have any physical limitations for the trip that you know about?

Do you have any concerns about traveling?

Veteran Medical Information: (Please answer all questions)

1. Heart Attack	Yes:	No:
If yes, when*		
2. By-pass surgery	Yes:	No:
If yes, when*		
3. Pacemaker	Yes:	No:
If yes, when*		
4. Stroke	Yes:	No:
If yes, when*		
5. Diabetes	Yes:	No:
If yes, do you take	Meds:	Insulin:
6. Asthma	Yes:	No:
Do you use an inhaler	Yes:	No:
7. Eye Problems	Yes:	No:
If yes, please describe:		
8. Cancer	Yes:	No:
If yes:	Where:	When:
9. Knee Surgery	Yes:	No:
If yes when:		
10. Back Problems:	Yes:	No:
11. Back Surgery:	Yes:	No:
If yes when:		
12. CPAP	Yes:	No:
13. Do you use oxygen	Yes:	No:
If yes how often:		
(If you use oxygen you must have a current prescription)		
14. Bladder Problems?	Yes:	No:
15. Do you use a catheter?	Yes:	No:

16. Are you incontinent?	Yes:	No:
17. Do you wear depends?	Yes:	No:
16. Allergies:	Yes:	No:
If so to what:		
17. Motion Sickness:	Yes:	No:
18. Do you have a history of seizures?	Yes:	No:
If yes date of last seizure:		
19. Do you have a history of open head injuries, sinus problems or ear problems?		
Yes:		No:
20. Any health problems not listed above?		
Prescription Medications		
Name of medication	What for?	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I, _____, am about to voluntarily participate in various activities with 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 the organizations, 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 Honor Flight Network TM Inc, or Honor Flight San Antonio de Valero (HDSAdV).

If I, my heirs, administrators, executors or assigns should demand claim, sue or aid in any way such demand, claim or suit, I agree for myself, my heirs, administrators, executors, and assigns to indemnify the Honor Flight Network TM Inc. and Honor Flight San Antonio de Valero organization for all damages, expenses, and costs it may incur as a result thereof.

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

I further understand that the term Honor Flight Network TM Inc. and Honor Flight San Antonio de Valero organization includes the non-profit organizations known as Honor Flight and/or Honor Flight San Antonio, and officer, agent, volunteer and/or employee thereof.

Signature:	Date:
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Signature for HFSAdV:	Date:
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I authorize Honor Flight Network TM Inc. and/or Honor Flight San Antonio de Valero to release my contact information (home phone and address) to requesting individuals who participate in the same flight for purposes of communication and camaraderie with other participants.

Signature:	Date:
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PLEASE REVIEW CAREFULLY AND SIGN

- 1. As photographic and recording equipment are frequently used to memorialize and document Honor Flight San Antonio (HFSA) trips and events, my image may appear in a public forum, such as the media or website, to acknowledge, promote or advance the work of the HFSA program. I hereby release the photographer and HFSA from all claims and liability to said photographs. I hereby give my permission for my images captured during HFSA activities through video, photo or other media, to be used solely for the purposes of HFSA 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 or Guardian and I understand that HFSA does NOT provide medical care. I understand and accept all risks associated with travel and other HFSA activities and will not hold HFSA responsible for any injuries incurred by me while participating in the HFSA program.**

Signature:	Date:
<i>Signature for HFSA:</i>	Date:

If you filled out the form electronically, you will be asked to sign the required blocks at one of our pre-flight meetings. Please Email the completed form to: Chrissy.honorflightsanantonio@gmail.com

If you printed the form and completed it manually, please mail the completed (and signed) form to:

Honor Flight San Antonio
Veteran Application
14080 Nacogdoches Rd.
PMB #340
San Antonio, TX 78247

Website: www.honorflightsanantonio.org

Email address: chairman.honorflightsanantonio@gmail.com

Questions? Please call: (210)802-7472

***** DO NOT WRITE BELOW THIS LINE***** - For HFSAdV Use Only		
MEDICAL EVALUATOR:		
DATE OF EVALUATION:		
Any medical issues not addressed or that have happened since application was completed:		
Any changes in medications:		
Comments or Concerns:		
CANE:	WALKER:	WHEELCHAIR:
O ² LITERS PER MIN:	CURRENT PRESCRIPTION: Yes:	No:
HOTEL ROOM: Yes:	No:	
RIDE TO SAT: Yes:	No:	