

OFFICE USE ONLY

FOR HONOR FLIGHT: LAST NAME _____ DATE RECEIVED ____/____/____

CONFLICT/ERA SERVED (PLEASE CHECK ONE) WWII KOREA VIETNAM MIDDLE EAST OTHER TERMINALLY ILL



VETERAN APPLICATION

Greater Peoria Honor Flight recognizes American Veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR Memorial at no cost. We accept applications from ALL Veterans who served our country. However, top priority is given to terminally ill, and WWII Veterans. For what you and your fellow Veterans have given to us, please consider this a small token of appreciation from all of us at Greater Peoria Honor Flight.

For more information: www.greaterpeoriahonorflight.org

Email us at: business@gphonorflight.org

Please Print Name as it appears on your photo ID (needed for airport security – TSA)

FIRST NAME: _____

MIDDLE NAME OR INITIAL (must match your photo ID): _____

LAST NAME: _____

DATE OF BIRTH: ____ / ____ / ____

FIRST NAME PREFERRED ON BADGE : _____

T-SHIRT SIZE (please circle): Small, Medium, L, XL, XXL, XXXL (You may wish to wear it over another shirt)

ADDRESS : _____

CITY : _____ STATE : _____ ZIP : _____

HOME PHONE: () _____ CELL PHONE: () _____

EMAIL ADDRESS: _____

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

NAME: _____

HOME PHONE: () _____ CELL PHONE: () _____

CONFLICT SERVED IN: _____

SERVICE BRANCH: _____

ENLISTMENT CITY: _____

DATES OF SERVICE: _____

MILITARY DUTIES: _____

NAME OF FELLOW VETERAN YOU WOULD LIKE TO TRAVEL WITH: _____

NOTE: We must have this person's application on file. If you request to travel with a Veteran from a more recent conflict, you will be placed on the list according to that conflict (i.e. WWII Veteran requests travel with Vietnam Veteran = placed on Vietnam list.) Younger Veteran may accompany you as Guardian, but will be required to attend Guardian training and pay Guardian fee.

NAME OF GUARDIAN YOU WOULD LIKE TO TRAVEL WITH : _____

GUARDIAN PHONE NUMBER: _____

***IF THERE IS A SPECIFIC GUARDIAN YOU WISH TO TRAVEL WITH THEY MUST SUBMIT A GUARDIAN APP. IMMEDIATELY!**

- Guardians may not be over the age of 70 and must be at least 18 years old.
- We must have your guardian's application on file for yours to be considered COMPLETE.

HAVE YOU BEEN DIAGNOSED WITH ALZHEIMER'S DISEASE/DIMENTIA? _____

DO YOU HAVE A TERMINAL ILLNESS? _____

DO YOU RESIDE IN A NURSING HOME? _____

ADDITIONAL MEDICAL COMMENTS/CONCERNS: _____

MEDICAL INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. ONCE YOU ARE SELECTED FOR A FLIGHT YOU WILL BE CONTACTED BY OUR MEDICAL TEAM. THE FEEDBACK YOU SUPPLY WILL PROVIDE US THE INFORMATION WE NEED TO PROVIDE THE PROPER SUPPORT FOR YOU DURING THE TRIP. INFORMATION IS FOR GREATER PEORIA HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.

PLEASE REVIEW CAREFULLY AND SIGN:

The Applicant acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Greater Peoria 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 Peoria Honor Flight program. I hereby release the photographer and Greater Peoria Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Greater Peoria Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Greater Peoria Honor Flight 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 and I understand that neither Greater Peoria Honor Flight nor the Flight Provider provides medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Greater Peoria Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Greater Peoria Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

I am about to voluntarily participate in various activities including flying activities of Greater Peoria Honor Flight ("Honor Flight"). In consideration of Honor Flight 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 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 Honor Flight. If I, my heirs, administrators, executors or assigns should demand, claim, sue or aid in any way in such a demand, claim or suit I agree, for myself, my heirs, administrators, executors and assigns to indemnify Honor Flight 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 Honor Flight activities including such injuries, death, damage, loss or destruction as may be caused by the negligence of Honor Flight. I also understand and agree that I may be held liable for any damages or loss to Honor Flight which is caused by my gross negligence, willful misconduct, dishonesty or fraud and for damages or loss to Honor Flight which is caused by my simple negligence. I further understand that the term Honor Flight includes the non-profit organization known as Greater Peoria Honor Flight, Inc., as well as any affiliate, officer, agent and/or employee thereof.

SIGNED: _____ **DATE:** _____ / _____ / _____

Email submission: business@gphonorflight.org / Mail to: P.O.Box 5072 Peoria, IL 61601-5072