

South Willamette Valley Honor Flight UNITED STATES VETERAN APPLICATION

Mail Form to: South Willamette Valley Honor Flight, attn: Applications at PO Box 72150, Springfield, OR 97475 or scan and email to Applications@swvhonorflight.org

SOUTH WILLAMETTE VALLEY HONOR FLIGHT honors YOU, the United States Military Veteran, for your service and sacrifice by escorting you to Washington DC to see your memorials and monuments at NO COST TO YOU!

- Applications are currently being accepted for United States Military Veterans who served our Country prior to: MAY 7, 1975, and currently live in Lane, Linn, Lincoln, and Benton counties.
- All Veterans will have a volunteer "Guardian" assigned to them for the duration of the trip. This can be a **non-spousal/partner** family member or friend.
- South Willamette Valley Honor Flight will gladly pair you with one of our trained volunteers if needed!
- Veterans are required to provide a copy of their valid government identification and DD214 with this
 application.

Please fill this appli ABOUT YOU	cation out completely; all questions are required.	
Name as it appears on photo ID:		
Nickname for name tag if desired:		
Mailing address including City, State, and	ip code:	
Cell phone number:	Email:	
Date of birth:	Age: Weight:	
	Relationship:	
Cell phone:	Email:	
South Willamette Valley Honor Flight provi below so we may provide one that fits well	des a T-shirt to be worn during your trip. Please indicate your si and is comfortable. (Check only one)	ize
XS S M L	XL 2XL 3XL 4XL	
<u>GUARDIAN</u>		
We are unable to accept spouses/partne	ers as Guardians.	
,	Id feel comfortable having accompany you as your Guardian? ardian to you; we have lots of qualified and experienced voluntial No	
Name:	Relationship:	
Cell phone:	Age.	

SERVICE HISTORY
War (Check all that apply) WWII Korean War Cold War Vietnam War
Branch of Service (Check all that apply) United States Air Force United States Army United States Marine Corp United States Navy United States National Guard
Service years from, to:
MEDICAL INFORMATION
ACCURATE information provided in this section allows our Medical Team to accurately assess the level of support needed to make this trip successful for you. (Information is for South Willamette Valley Honor Flight Leadership and Medical Team only.)
Please indicate your use of mobility equipment (Check only one) None Cane Walker Wheelchair
Due to walking up to 6 miles over 3 days and standing for long periods of time, most Veterans require a wheelchair during some portion of the trip. Would you like to reserve a South Willamette Valley Honor Flight supplied wheelchair? Yes No
Do you require additional medical equipment? If YES, please list:
ADA hotel rooms have accommodations that make it easier for Veterans with mobility issues (accessible showers, toilets, etc.). Do you require an ADA hotel room? Yes No Additional medical information or concerns:
Do you have drug or food allergies? If YES, please list
Do you have any dietary restrictions? (Check all that apply)
None Vegetarian Vegan Gluten-free Other
Primary Care Provider Name: Clinic:
Phone number:

REVIEW AND SIGN BELOW

Indemnity Agreement

Photographs/videos are used to memorialize Honor Flight events. My image may appear in a public forum to promote or advance the work of South Willamette Valley Honor Flight (Organization). I hereby release media and South Willamette Valley Flight from all claims and liability relating to said images. I hereby give permission for my image, captured during Honor Flight activities, to be used solely for the purposes of Honor Flight promotional materials and publications, and waive any rights, compensation, or ownership thereto.

I am voluntarily participating in various activities of South Willamette Valley Honor Flight, including flying on a commercial airline. I understand that South Willamette Valley Honor Flight does NOT provide medical care. I

understand that medical insurance is my responsibility. I understand that South Willamette Valley Honor Flight does not provide medical or trip insurance. I accept all risks associated with travel and other Honor Flight

activities and will not hold South Willamette Valley Honor Flight responsible for destruction, loss, damage, or injury (to include death) to my person or property which may occur from any cause whatsoever as a result of my participation in the activities of South Willamette Valley Honor Flight or the Honor Flight Network.

I further understand that South Willamette Valley Honor Flight includes any members, officers, directors, volunteers, affiliated business entities and their shareholders, and assigns thereof.

I will follow all written, video, and verbal rules and directions provided by South Willamette Valley Honor Flight leadership. I also agree to hold South Willamette Valley Honor Flight parties not liable for libel, defamation, or slander. If South Willamette Valley Honor Flight leadership believes, in their sole discretion, that I am not following rules and direction, that I am not representing the Organization with excellence, have been dishonest, committed fraud, or that I am behaving in an unsafe, inappropriate, or dangerous way, I will be expelled from the flight or activity and may be sent home immediately. South Willamette Valley Honor Flight will not tolerate sexual harassment, aggressive verbal or physical behavior, or expression of political views or beliefs. South Willamette Valley Honor Flight reserves the right to deny any application.

I will conduct myself in an honorable way and treat others with respect.

I have answered each question on this application with honesty and integrity.

This *Indemnity Agreement* releases South Willamette Valley Honor Flight from any liability, waives all claims against the Organization and agrees to indemnify the Organization from liability in certain circumstances. Read carefully and make sure you fully understand and agree to each of the terms of this *Indemnity Agreement* before signing.

My signature indicates that I understand,	agree with, and will adhere to the terms	conditions, operations, and procedures
contained herein:	Γ	Date: