



# Honor Flight Chicago WWII Veteran Application 2017

Honor Flight Chicago recognizes America's war veterans for their service and sacrifice by flying them to Washington DC to see their memorial, at no cost. Priority is given to our most senior veterans, our WWII and Korean War veterans. This form is to be completed by **WWII veterans only**. If you are a veteran of the Korean War or Vietnam War, please go to our website [honorflightchicago.org](http://honorflightchicago.org) and complete the veteran application tailored for your service.

Once the completed form is received by Honor Flight Chicago via mail or fax and it is confirmed that all pages are complete, we will send it to our Medical Review Team. Once we have approved your application, you will be placed in the queue for one of our upcoming flights. All Honor Flight Chicago trips depart and return from Chicago Midway International Airport. For further information, please contact us at **773-227-8387** or go online to [honorflightchicago.org](http://honorflightchicago.org).

<p><b>Please <i>complete</i> and submit <u>all seven pages</u> of this form with required signature(s) as soon as possible to:</b></p>	<p>Honor Flight Chicago Attn: WWII Veteran Application 2017 938 West Montana Street Chicago, Illinois 60614-2409</p>	<p>or Fax to 773-289-0909 <i>** Please check your fax machine to confirm <u>all seven pages</u> have been sent.</i></p>
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PHONE

Your name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(As it appears on your state ID for airline travel) (If applicable)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth (Month/Day/Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Gender:  Male  Female Polo shirt size (Please choose your size): S M L XL XXL XXXL

How did you hear about Honor Flight Chicago? \_\_\_\_\_

I am a:  WWII Veteran *If you are a veteran of the Korean War or Vietnam War, please visit [honorflightchicago.org](http://honorflightchicago.org) and complete the veteran application tailored to your service.*

Dates you served in the military (Month/Year to Month/Year): \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Branch of service:  Army  Air Corps/Force  Navy  Other \_\_\_\_\_  
 Marines  Coast Guard  Merchant Marines

Rank: \_\_\_\_\_ Service number: \_\_\_\_\_

Hometown (From which city and state did you enter the service)? \_\_\_\_\_

Country(ies) where you served: \_\_\_\_\_

Activity during the war: \_\_\_\_\_

REFERRED BY

## CONTACT INFORMATION

### Primary emergency contact (someone available the day you travel):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

### Non-Spouse alternate contact (son, daughter, grandchild, personal friend):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

### Non-Spouse alternate contact (son, daughter, grandchild, personal friend):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

## BUDDY & GUARDIAN INFORMATION

If you and a fellow veteran from WWII would like to travel together, please ask him/her to complete a 2017 WWII Veteran Application. In addition, please include your buddy's name and number below so that we may try to pair you together on the same flight.

Buddy's name: \_\_\_\_\_ Buddy's phone: \_\_\_\_\_

Buddy's email (if applicable): \_\_\_\_\_

Based on the age of our veterans and on the length of the day, Honor Flight Chicago will provide a wheelchair for each veteran as well as an Honor Flight Chicago Guardian. These trained Guardians will accompany and assist you throughout out the day to help ensure a safe and memorable experience. If you believe there is a medical need that necessitates a family member (aged 18 - 66) be considered to act as your Guardian, please list that person's contact information below and ask the family member to complete a Guardian Application found at [honorflightchicago.org](http://honorflightchicago.org). Guardians must attend a three hour training class and pay a fee that covers a portion of the cost of the day. Completion of the Guardian Application combined with your written request below, will assure that your request is considered, however selection is not guaranteed. Your spouse is NOT eligible.

Requested guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_

Requested guardian email: \_\_\_\_\_

Additional comments or concerns: \_\_\_\_\_



10. History of COPD or asthma?  
 Yes    No      If yes, please describe: \_\_\_\_\_
11. Are you prescribed oxygen by your doctor?  
 Yes    No      If yes, how many liters? \_\_\_\_\_  
 24 hours       As needed       With sleep apnea mask  
 Night time only (not related to sleep apnea)
- If yes, your private physician must write a prescription for oxygen to be used during the flight and/or day. Oxygen will be provided by Honor Flight Chicago. Oxygen prescription MUST be turned in with your application.**
12. Do you need nebulizer treatments or use an inhaler?  
 Yes    No      If yes, how often? \_\_\_\_\_
13. Any history of heat exhaustion or difficulty breathing in the heat?    Yes    No
14. Do you have a history of high blood pressure or on medication for it?    Yes    No
15. Do you have any history of visual impairment (other than glasses)?  
 Yes    No      If yes, please describe: \_\_\_\_\_
16. History of neurological problems (i.e., stroke, Parkinson's disease)?  
 Yes    No      If yes, please describe: \_\_\_\_\_
17. History of seizures or taking seizure medications?    Yes    No  
If yes, please list type of seizure: (i.e., grand mal, petit mal, other) \_\_\_\_\_  
When was your last seizure? \_\_\_\_\_
18. Do you have problems with motion sickness?    Yes    No
19. History of dementia or Alzheimer's OR are you on prescription medications for memory?  
 Yes    No
20. Do you use incontinence pads?  
Bladder:    Yes    No      Bowel:    Yes    No  
How often do you need to change your pads/depends? \_\_\_\_\_  
Are you able to change:    Independently    With minimal assistance    With stand-by assistance  
Does someone provide this care for you?    Yes    No
21. Do you have a foley, urostomy, or colostomy bag?    Yes    No
22. Are you currently undergoing dialysis?    Yes    No
23. Do you smoke?    Yes    No



**MEDICAL RELEASE**

The information I have provided is complete and accurate. I understand that Honor Flight Chicago medical volunteers will review my health history and may speak with my healthcare provider(s) to clarify any medical concerns. Honor Flight Chicago must medically approve all participants to fly. I agree to notify Honor Flight Chicago immediately should my medical condition change prior to the trip. If any of this information is **falsified or pertinent medical information is omitted**, or if my medical conditions change or are determined by Honor Flight Chicago to be unacceptable to participate, I understand I may be disqualified from participating in an Honor Flight at the sole discretion of Honor Flight Chicago. I understand that medical insurance and medical costs that may be incurred pursuant to participation are my responsibility and that Honor Flight Chicago does not provide medical care. I understand that I accept all risks associated with travel and other Honor Flight Chicago activities, and that I have executed a Release, Covenant Not to Sue and Indemnity agreement in favor of Honor Flight Chicago while participating in the program. **I hereby give consent and permission to any of my medical providers or emergency medical providers to discuss and release my health and treatment information for treatment purposes I may require during my participation in the Honor Flight Chicago program and my signature on this page shall be sufficient evidence of my consent.** My signature authorizes you to call my physician or any other personnel familiar with my care to discuss my medical history. Please note that a facsimile signature will also be accepted as an original signature.



Veteran signature required: \_\_\_\_\_

Please print your name: \_\_\_\_\_ Date form completed: \_\_\_\_\_

If the Veteran was assisted in completion of this form, please sign here and print your name, relationship and phone number:

Please sign your name: \_\_\_\_\_

Please print your name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

**HONOR FLIGHT CHICAGO RELEASE, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT**

(PAGE 1 OF 2)

I, \_\_\_\_\_, am about to voluntarily participate as a participant or a volunteer in various Activities, which may include but are not limited to either being escorted or escorting individuals with disabilities, crowd control and interaction, taking commercial aircraft flights, physical activities, driving to activities, preparing documentation and other activities as a participant or as a volunteer with or on behalf of and at the direction of Honor Flight Chicago Corp, an Illinois not for profit corporation, which includes any officer, director, employee, volunteer or agent thereof ("Honor Flight Chicago"). In consideration of and as a condition of Honor Flight Chicago permitting me to participate in these Activities, the sufficiency and receipt which I hereby acknowledge, knowingly, on behalf of myself, my heirs, administrators, successors, executors and assigns, hereby covenant and agree:

- (i) I am aware that there are inherent risks in the Activities and that I am freely assuming all risks of any nature and damages related to such Activities including those related to my own health issues and fully release Honor Flight Chicago from all such liability relating to same.

**HONOR FLIGHT CHICAGO RELEASE, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT**

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- (ii) To never institute, prosecute, or in any way aid in the institution or prosecution of any demand, claim or suit of any nature against Honor Flight Chicago for any destruction, loss, damage or injury (including death) to my person or property or that of others which may occur from any cause whatsoever as a result of my participation now or in the future, known or unknown, foreseen or unforeseen in the activities of Honor Flight Chicago, and agree to discharge, defend, indemnify and hold Honor Flight Chicago harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
- (iii) I hereby forever, waive, release and discharge any demands or claims or suits of any nature, known or unknown irrespective when such occur now or in the future, known or unknown, foreseen or unforeseen including but not limited to any destruction, loss, damage or injury (including death) to my person or property or that of others arising from my participation in the Activities, against Honor Flight Chicago, and agree to defend, indemnify and hold Honor Flight Chicago harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
- (iv) Notwithstanding any provisions to the contrary in the event of any litigation or arbitration resulting from my activities of any nature with Honor Flight Chicago that I agree that venue and jurisdiction is limited to that of the Courts in Cook County Illinois and or the United States District Court for the Northern District of Illinois Eastern Division and that Illinois law shall govern.

I hereby, authorize Honor Flight Chicago the continued right to perpetuity to photograph, film or video my Activities and to publish same and or use such in the legitimate promotion of Honor Flight Chicago as they deem fit and as such I waive any right to approve same in advance.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS TERMS AND CONDITIONS AND VOLUNTARILY AGREE TO THE TERMS.



Veteran signature required: \_\_\_\_\_

Please print your name: \_\_\_\_\_ Date form completed: \_\_\_\_\_

If the Veteran was assisted in completion of this form, please sign here and print your name, relationship and phone number:

Please sign your name: \_\_\_\_\_

Please print your name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please print this form out in its entirety and mail or fax the completed document to Honor Flight Chicago.	<b>Mail or fax <u>all seven</u> pages to:</b>
If completing the form electronically, please save the document to your computer first before printing. <u>Electronically completed forms will not print properly if not saved first.</u>	Honor Flight Chicago                      Fax 773-289-0909 Attn: WWII Veteran App. 2017 938 West Montana Street Chicago, Illinois 60614-2409
	<b><i>Please confirm that all 7 pages been successfully faxed, no cover letter needed.</i></b>