HFC USE ONLY: Last name _____ Date received _____

Honor Flight Chicago
Gratitude on the Ground Application

Honor Flight Chicago recognizes America's senior war veterans for their bravery, determination, and patriotism with an all-expense-paid, one-of-a-kind journey to Washington, D.C., for a day of honor, thanks, and inspiration. For those veterans whose health or circumstances will not allow travel to D.C., *Operation Eagles Landing: Gratitude on the Ground* seeks to provide a Day of Honor at home in Chicago that replicates as much of the traditional flight as possible. Future dates and locations for Gratitude on the Ground will be communicated upon confirmation of receipt of this application. For questions, contact us at *773-227-8387* or visit *honorflightchicago.org*.

Please *complete* and submit <u>all four pages</u> of this form with required signature(s) as soon as possible to:	Honor Flight Chicago Attn: Operation Eagles Landing 2026 9701 W. Higgins Rd., Suite 310 Rosemont, IL 60018	**Email:** applications@honorflightchicago.org ****Fax:** 773-289-0909 ***Confirm <u>all 4 pages</u> have sent.*

Your name: _____ Nickname: _____ (If applicable)

Address: _____ Unit #: _____

City: _____ State: _____ Zip: _____ County: _____

Home phone: _____ Cell phone: _____

Email address: _____

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

Gender: ☐ Male ☐ Female ☐ Other Polo shirt size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

How did you hear about Honor Flight Chicago? _____

Veteran of: ☐ WWII (12/41-12/46) ☐ Korean War (6/50-1/55) ☐ Vietnam War (11/55-5/75)

Dates of active duty military service (Month/Year to Month/Year): _____ /_____ to _____ /_____

Branch of service: ☐ Army ☐ Air Corps/Force ☐ Navy ☐ Other _____
☐ Marines ☐ Coast Guard ☐ Merchant Marines

Rank: _____ Service number (optional): _____

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

Country(ies) where you served: _____

_____

Activity during the war:

_____

PHONE _____

REFERRED BY _____

Please list your current work experience (if retired, please list your most recent work experience):

Organization: _____ Title: _____ Dates (from/to): _____

Primary responsibilities/accomplishments: _____

CONTACT INFORMATION

Primary emergency contact (someone available the day of the event):

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Day _____ Evening _____ Cell _____

Email: _____

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

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Day _____ Evening _____ Cell _____

Email: _____

GUARDIAN INFORMATION

Honor Flight Chicago can provide a trained Guardian to ensure you have a safe and memorable experience. If you prefer to have a family member as your Guardian, provide their name below and have them complete a Guardian Application at honorflightchicago.org. Completion of the Guardian Application combined with the information below ensures that your request is considered. Your partner or spouse IS eligible to accompany you on Operation Eagles Landing!

Requested guardian name: _____ Phone: _____

Requested guardian email: _____ Relationship: _____

Additional comments or concerns: _____

_____

VIETNAM VETERANS WALL NAME RUBBING REQUESTS

Rubbings are provided directly from the Veterans Wall in D.C. Please list name requests, if any, below:

NAME	BRANCH	HOMETOWN	RANK (IF KNOWN)

YOUR MEDICAL INFORMATION

The following medical information is necessary for Honor Flight Chicago's volunteer, medical and administrative staff to ensure that you have a safe and memorable day.

1. Please check any mobility equipment used: ☐ Cane ☐ Walker ☐ Wheelchair ☐ Scooter
2. Do you have a history of heart problems: ☐ Yes ☐ No
   If yes, please specify: _____
3. History of dementia or Alzheimer's OR are you on prescription memory medications? ☐ Yes ☐ No
4. History of anxiety or PTSD symptoms? ☐ Yes ☐ No Special Requirements?_____
5. Do you have diabetes? ☐ Yes ☐ No If yes, insulin or oral treatment? ☐ Injected ☐ Oral
   Do you carry glucose with you? ☐ Yes ☐ No
6. Do you use Oxygen at any time? ☐ Yes ☐ No
7. Do you have any breathing problems? ☐ Yes ☐ No
   If yes, please describe:_____
8. Do you have a history of seizures? ☐ Yes ☐ No Please describe: _____
   When was your last seizure?_____ (i.e. grand mal, petit mal, other)
9. Do you smoke? ☐ Yes ☐ No

Allergies:_____

MEDICATIONS (name and how often taken - If necessary, please attach additional sheets):

Medication	Taken how often?	Medication	Taken how often?

Other health considerations:_____

The Veteran acknowledges and agrees that the information on this application is correct.
Veteran's signature is required. Please sign and print your name below.

Sign Here

Veteran's signature:_____

Print name: _____ Date: _____

If you are completing this application for your veteran, please print your name, relationship to the veteran and provide a phone number for us to contact you.

Please sign your name:_____

Please print your name:_____

Relationship: _____ Phone number: _____

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

I, _____, am about to voluntarily participate as 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 the COVID-19 virus or to my own health issues and fully release Honor Flight Chicago from all such liability relating to same.

(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) The information I have provided is complete and accurate. I understand that the Honor Flight Chicago (HFC) Medical Team will review my application and health history. HFC must medically approve all Veterans and Guardians to participate. I agree to notify HFC 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 the HFC Medical Team to be unacceptable to participate, I understand I may be disqualified at the sole discretion of HFC.

(iv) 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.

(v) 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.

Date: _____ Signature: _____

Print name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Please print this form out in its entirety and mail, fax, or scan & email the completed document to Honor Flight Chicago.

If completing the form electronically, please save the document to your computer first before printing. Electronically completed forms will not print properly if not saved first.

Mail, fax, or scan & email all four pages to:
Honor Flight Chicago
Attn: Operation Eagles Landing 2026
9701 W. Higgins Rd., Suite 310
Rosemont, IL 60018-4717
Fax: 773-289-0909
Email: applications@honorflightchicago.org