

Last Name: _____ Date Received: _____

Veteran Application



Utah Honor Flight would like to recognize our Utah Veterans for the sacrifices and support of our Country. We would like to send you to Washington DC to see YOUR memorial at no cost. Top priority is given to WWII, Korean, and Vietnam Veterans. For Utah Honor Flight to achieve this goal, a Guardian must accompany the Veteran on every flight providing assistance and helping Veterans have a safe, memorable and rewarding experience. For your sacrifice to our country and each of us, please consider this a small token of appreciation from all of us at Utah Honor Flight. For further information, please contact us at 435-272-0254 or visit us at <http://www.utahhonorflight.org>



YOUR NAME: _____
(Please List Your First, Middle, and Last Name as it appears on your driver's license or government ID)

ADDRESS: _____ GENDER: M F

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

E-MAIL ADDRESS: _____ AGE: _____ DOB: _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

ALTERNATE CONTACT (son, daughter, etc.): NAME: _____

PHONE: _____ E-MAIL: _____ RELATIONSHIP: _____

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

Name: _____ Relationship: _____

Address: _____

PHONE: Day: _____ Evening: _____ Mobile: _____

SERVICE HISTORY: BRANCH OF SERVICE: _____ RANK: _____

WWII, Korea, Vietnam, Other: _____ WHEN DID YOU SERVE? Date: _____ thru _____

WHERE DID YOU SERVE? _____

HOME TOWN (from which city and state did you enter the service?): _____

ACTIVITY/ASSIGNMENTS DURING SERVICE: _____

MEDICAL: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFO IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.

Do you use mobility equipment? YES NO. If YES, please circle device: CANE WALKER WHEELCHAIR SCOOTER

Do you have a **problem walking** the length of a football field without assistance? YES NO. If yes, please describe the reason (e.g.

Injuries, lung problems, arthritis, heart problems, etc.): _____

Do you use **oxygen** at any time? YES NO. If YES, you will need your private physician to write a prescription for oxygen to

be used during the flight and tour days. Oxygen will be provided in Washington DC if needed.

Additional Comments or Concerns: _____

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document *Utah 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 *Utah Honor Flight* program. I hereby release the photographer and *Utah Honor Flight* from all claims and liability relating to said photographs. I hereby give permission for my images captured during *Utah Honor Flight* activities through video, photo, or other media, to be used solely for the purposes of *Utah 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 *Utah Honor Flight* nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other *Utah Honor Flight* activities and will not hold *Utah Honor Flight*, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of *Utah Honor Flight* responsible for any injuries incurred by me while participating in the *Utah Honor Flight* program.

SIGNED: _____

DATE: _____/_____/_____ (E-mail applicants will be required to sign prior to actual flight date)

**Please submit this form to: Utah Honor Flight
Utah Honor Flight Office
P.O. Box 42
Richfield, UT 84701**

Utah Honor Flight Office: 435-272-0254 Or FAX to: 1-435-363-3678

Email: info.uthonorflight@gmail.com