



**Emergency Contact (Someone available by phone the day you travel and not traveling with you on the trip)**

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

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

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

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Family Contact - (Spouse, Son, Daughter, Niece, Nephew, etc.)**

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

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

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

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Additional Family or Friend Contact**

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

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

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

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Medical:** Information provided ***WILL NOT*** disqualify you. It permits ODHF to assess the support we need to provide during the trip. Information is for ODHF and volunteer medical personnel only.

**Drug Allergies:** List any drug allergies you may have: \_\_\_\_\_

**Medications:** Name of prescription medication(s)

1) \_\_\_\_\_ 5) \_\_\_\_\_

2) \_\_\_\_\_ 6) \_\_\_\_\_

3) \_\_\_\_\_ 7) \_\_\_\_\_

4) \_\_\_\_\_ 8) \_\_\_\_\_

Do you use mobility equipment?  Yes  No If Yes, check all that apply:  Cane  Walker  Wheelchair  Scooter

Are you able to climb the stairs of a bus with some assistance ("no" means you will require a wheelchair lift)?  Yes  No

Do you have a problem walking the length of a football field unassisted?  Yes  No

If yes, please describe the reason (i.e. lung problems, arthritis, heart problems, etc.): \_\_\_\_\_

\_\_\_\_\_

Do you have a current or past **heart condition/issue**?  Yes  No If Yes, please describe: \_\_\_\_\_

Do you have **diabetes**?  Yes  No If Yes, how is it controlled (diet, oral medication, insulin): \_\_\_\_\_

Do you have a **history of seizures**?  Yes  No If yes, what was the date of your last seizure? \_\_\_\_\_

Please describe: \_\_\_\_\_ (i.e. grand mal, petit mal, other)

(Note - if your last seizure was within the last five years, we **STRONGLY** advise you discuss this trip with your personal physician)

Do you have problems with **motion sickness** (car or bus)?  Yes  No If yes, is it controlled with medication?  Yes  No

(Note - if motion sickness is not controlled with medication, we suggest you discuss this trip with your personal physician)

Do you have any **breathing problems**?  Yes  No If Yes, please describe: \_\_\_\_\_

Do you use a **home nebulizer machine**?  Yes  No If yes, you are **STRONGLY** encouraged to discuss the trip with your personal physician concerning the use of portable hand-held nebulizers during the trip.

Do you use **oxygen** at any time?  Yes  No If yes, you must provide us a written copy of your prescription for oxygen and you must bring your own oxygen to be used during the trip. ODHF requires a copy of the prescription in case of emergency.

Do you have **vision problems** which require you to have personal assistance during the trip?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have **hearing problems** which require you to have personal assistance during the trip?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have a **urostomy or colostomy bag**?  Yes  No

Have you received the one dose Johnson&Johnson COVID-19 vaccination or both doses of the Pfizer or Moderna COVID-19 vaccination?  Yes  No If yes, please provide date(s) of vaccination(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

(Note – you will be asked to provide proof of vaccination)

Is there a veteran or Guardian that you would like to accompany you on this trip?

Name: \_\_\_\_\_ (Check One - Veteran  or Guardian ) Relationship: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

E-mail Address (if applicable): \_\_\_\_\_

Every effort will be made to comply with your request but we cannot guarantee this will happen. The Guardian or Veteran that you named must submit the applicable application form. The form can be downloaded at our website ODHF website.

The spouses of a veteran **CANNOT** serve as their Guardian, but other family members may be considered.

The requested Guardian must be capable of performing the requirements for a guardian, submit a Guardian Application, agree to pay the \$125 Guardian fee to cover his/her expenses. The requested Guardian must also attend mandatory Guardian training.

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 ODHF missions and events, my image and name may appear in a public forum, such as the media or a website, to acknowledge, promote, or advance the work of ODHF and the Honor Flight Network, Inc. I hereby release the photographer and ODHF from all claims and liability relating to said photographs. I hereby give permission for my name and my images captured during ODHF activities through video, photo, or other media, to be used solely for the purposes of ODHF promotional material and publications and waive any rights of compensation or ownership thereto. Media coverage is the best way for ODHF to promote the Honor Flight Network and its programs to other Veterans. This coverage may include the names of participants. I hereby release the use of my name for this purpose unless I provide written restriction prior to mission execution.

2) I further state that medical insurance is my responsibility and I understand that ODHF does **not** provide medical insurance. I understand and accept all risks associated with travel and other ODHF activities and will not hold ODHF responsible for any injuries incurred by me while participating in this program.

**COVENANT NOT TO SUE AND INDEMNITY AGREEMENT**

I, \_\_\_\_\_, am about to voluntarily participate as a passenger in various activities, including being transported by bus to Washington, DC by Old Dominion Honor Flight, Inc. In consideration of ODHF permitting me to participate in these activities, I, for myself, my heirs, administrators, executors and assigns, hereby covenant and agree that I will not institute, prosecute, or in any way aid in the institution or prosecution of any demand, claim or suit against ODHF and its officers, agents, volunteers, and/or employees 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 ODHF activities.

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 ODHF for any and all damages, expenses and costs ODHF 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 ODHF activities, including such injuries, death, damage, loss, or destruction as may be caused by the negligence of ODHF.

I also understand and agree that I may be held liable for any damages or loss to ODHF which is caused by my gross negligence, willful misconduct, dishonesty, or fraud, and for limited damages or loss to ODHF which is caused by my simple negligence.

I further understand that the term Old Dominion Honor Flight, Inc. includes the national non-profit organization known as Honor Flight Network, Inc., and its officers, agents, and/or employees thereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print, sign / date, and submit this form to:

**Old Dominion Honor Flight  
Attn: Veteran Application  
401 Virginia Beach Blvd #117 Box 150  
Virginia Beach, Virginia 23452**

or scan and e-mail to ***olddominionhf@gmail.com***

or fax it to **(757) 257-0356**