

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

Do you use any **mobility equipment**: CANE WALKER WHEELCHAIR SCOOTER NO

Do you use prescribed oxygen outside of sleeping hours? No Yes

*If Yes, a copy of prescription is required.
Oxygen provided at no charge.*

Please check any of the following if you HAVE or HAVE HAD – select all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Dementia | <input type="checkbox"/> MS (Multiple Sclerosis) |
| <input type="checkbox"/> Parkinson's | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> ALS (Lou Gehrig's Disease) | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Motion sickness/Vertigo |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Other: |

Important: We will assign a Volunteer Guardian to you for the trip. They have the privilege of traveling with you on this special day. They have been briefed on the trip and will be able to answer questions and assist you in **any** way you wish. Talk to them in confidence. What you say on an Honor Flight stays on an Honor Flight. *At this time we no longer allow family members to accompany Veterans on our flights.*

Additional Comments or Concerns:

PLEASE REVIEW AND SIGN: (*Honor Flight refers to Honor Flight of the Quad Cities and Honor Flight Network*)

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **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 **Honor Flight** program. I hereby release the photographer and **Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **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 **Honor Flight** does NOT provide medical care. I understand that I accept all risks associated with travel and other **Honor Flight** activities and will not hold **Honor Flight** responsible for any injury/illness incurred by me while participating in the **Honor Flight** program.
3. I understand I must attend the Mandatory Orientation program prior to my scheduled flight.

VETERAN SIGNATURE: _____ DATE: ____/____/____

NOTE: Have you attached a copy of your DD214? Your application will NOT be processed until we receive your DD214.

Please submit this form to:

Honor Flight of the Quad Cities
c/o Ridgecrest Village
4130 Northwest Blvd
Davenport, IA 52806



NOTE: We will only accept original applications, signed by the applicant.