

FOR HONORAIR-KNOXVILLE USE ONLY Last Name _____ Date Received ____ / ____ / ____



Vietnam Veteran Application*

*HonorAir-Knoxville recognizes American veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial, at **no cost**. Top priority is given to WWII and Korean War veterans but we are now accepting applications for Vietnam veterans. For further information, please contact Jan at 865-859-9279 or send an email to her at jrector@honorairknoxville.com.*

Your Full Name: _____ **Nick Name:** _____
(As it appears on your ID for airline travel) (If applicable)

Address: _____

City: _____ County _____ State: _____ Zip: _____

Phone: (day) _____ (evening) _____ (cell phone) _____

E-Mail Address: _____ Age: _____ DOB: _____

Have you ever seen the Vietnam Memorial? YES NO

Emergency Contact Information (someone available the day you travel):

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip _____

Phone: (day) _____ (evening) _____ (cell phone) _____

Alternate Contact: (son, daughter, etc) Name: _____

Phone: _____ E-Mail Address: _____

Service History - Branch of Service: _____ Rank: _____

Home Town (from which city and State did you enter service?) _____

Activity during the Vietnam War:

Were you awarded the Vietnam service medal? Yes No

Were you awarded a purple heart? Yes No

Were you awarded a bronze star or higher? Yes No

Last Name _____

First Name _____

Date of Birth _____

Medical Information provided will NOT disqualify you. It permits us to assess the support we need during the trip. Information is for HonorAir and medical personnel ONLY.

Do you use mobility equipment? YES NO

If yes, please circle the device used: CANE WALKER WHEELCHAIR SCOOTER

Medications: (Name of medication and how often you take it)

<u>MEDICATION</u>	<u>TAKEN HOW OFTEN</u>	<u>MEDICATION</u>	<u>TAKEN HOW OFTEN</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do we need to administer your medications? YES NO

Do you have any drug allergies? YES NO

If yes, please list them here: _____

Do you have a history of seizure? YES NO

If yes, please describe what type. (i.e. grand mal, petit mal, other)

When was your last seizure? _____

If the last seizure occurred within the last 5 years, it is STRONGLY advised that you discuss this trip with your private physician.

Do you have problems with motion sickness (sea or air)? YES NO

If yes, is it controlled with medications? YES NO

If motion sickness is not controlled with medications, it is STRONGLY encouraged to discuss the trip with your private 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 private physician concerning the use of portable hand-held nebulizers during the trip.

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 during the tour. Oxygen will be provided. The prescription should be turned in with the application.

Do you have a problem walking the length of a football field without assistance? YES NO

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

Do you have a history of open head injuries, sinus problems, or ear problems? YES NO

If YES, have you flown since the open head injury, sinus or ear problems occurred? YES NO

If YES, did you have any problems? YES NO

If YES, it is STRONGLY advised that you discuss the trip with your private physician. If you have NEVER flown since the open head injury, sinus or ear problems, we STRONGLY advise you to discuss the trip with your physician

Last Name _____

First Name _____

Do you have a urostomy or colostomy bag?

YES NO

If yes, please make sure the bag is vented prior to the flight. If you do not know if your bag is vented, it is STRONGLY advised that you discuss the issue with your private physician.

Additional comments or concerns:

A copy of the medical information you have provided will be given to our Flight Paramedic so please again list your emergency contact below for their benefit. This person needs to be someone available the day you travel.

Name _____ Phone Number _____

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

- As photographic and video equipment are frequently used to memorialize and document **HonorAir-Knoxville-Knoxville** 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 **HonorAir-Knoxville** program. I hereby release the photographer and **HonorAir-Knoxville** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **HonorAir-Knoxville** activities through video, photo, or other media, to be used solely for the purpose of **HonorAir-Knoxville** promotional material and publications, and waive any rights or compensation or ownership thereto.
- I further state that my medical insurance is the responsibility of the veteran and I understand that **HonorAir-Knoxville** does **NOT** provide medical care. I understand that I accept all risks associated with travel and other **HonorAir-Knoxville** activities and I will not hold **HonorAir-Knoxville** responsible for any injuries incurred by me while participating in the **HonorAir-Knoxville** program. My signature will also serve as my consent to provide my medical information to the HonorAir-Knoxville Flight Paramedic and my guardian to be used as reference in case of an emergency.

SIGNATURE: _____

DATE: _____ / _____ / _____

(E-Mail applicants will be required to sign prior to actual flight date.)

Please submit this form to:

**HonorAir-Knoxville, Inc.
Attn: Veteran Application
PO BOX 12990
Knoxville, TN 37912**

Or fax to: 865-938-7707

Or email to: irector@HonorAirKnoxville.com

HONORAIR TOUR CONDITIONS & LIABILITY RELEASE
(PLEASE READ, SIGN AND RETURN ONE COPY)

I, the undersigned, am about to voluntarily participate as a passenger in various activities of HONORAIR – KNOXVILLE. Some of these activities are sponsored or subsidized by Prestige Cleaners, Inc., a Tennessee corporation. (HonorAir – Knoxville, Prestige Cleaners, Inc. and their employees, members, shareholders, officers, directors, volunteers and other agents are hereinafter referred to as “Releasees”). In consideration of these valuable services in allowing me to participate in these activities, I, for myself and my heirs, administrators, executors, assigns, agents and successors, agree that the responsibility of Releasees is strictly limited. Releasees organize certain services, including travel services, air and surface transportation, which Releasees purchase or reserve from various suppliers. The suppliers providing travel services for the HonorAir tour program are independent contractors and are not agents or employees of Releasees. Releasees do not act as agent for any party whatsoever. Releasees are not responsible for the willful or negligent acts and/or omissions of such suppliers or of any air carrier, motorcoach line or their respective employees, agents, servants or representatives including, without limitation, their failure to deliver or their partial or inadequate delivery of services.

I agree that none of Releasees shall be liable for any accident, injury, property damage or personal loss to me in connection with any transportation or other travel services, or resulting directly or indirectly from any occurrences or conditions, including, but not limited to, acts of terrorism, war, defects in vehicles, breakdown in equipment, strikes, theft, delay or cancellation of, or changes in, itinerary or schedules.

For myself and my personal representatives, heirs and next-of-kin, I hereby release, waive, discharge and covenant not to sue Releasees with respect to any and all liability for all loss or damage on account of any bodily injury, death or property damage resulting from my participation in any HonorAir – Knoxville program or event. I agree to indemnify, defend and hold harmless Releasees with respect to any such injury or damage. I hereby assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to participation in any such program or event, whether caused by the negligence of Releasees or otherwise.

Releasees reserve the right to decline or not retain any person as a member of any tour or to cancel or alter the tour without notice. However, no person may be refused from a tour based on race, sex, excess age, religion, and disability or on any other grounds for which refusal would violate any federal, state or other governmental laws or regulations. Any provision of this Release that is prohibited or unenforceable in any jurisdiction shall, as to such jurisdiction, be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions hereof, and any such prohibition or unenforceability shall not invalidate or render unenforceable any such provision in any other jurisdiction. I hereby authorize and give full consent to HonorAir to copyright or publish all photographs, movies, videos, or tape recordings in which I appear while a participant in any and all HonorAir programs. HonorAir may use or cause to be used this above material for any purposes without limitation or reservation.

I HAVE READ THIS RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND BY MY SIGNATURE TO GIVE TO RELEASEES A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature of Participant

Date

Signature of Witness

Name of Participant, Address