

# APPLICATION INSTRUCTIONS



*Thank you for your service.*

*Please follow these instructions to complete and submit applications.*

**STEP 1: SAVE** this Honor Flight Application Form to your desktop.  
(Note: Do not begin filling out this form until it is saved to your desktop.)

**STEP 2: COMPLETE** the form in one of the following ways:

***Option 1: Complete the Honor Flight Application Form by hand:***

- Open the Honor Flight Application Form PDF.
- Print a hard copy.
- Complete the application by hand and sign.

*Then...*

- Mail the completed application to the address below.

*Or...*

- Scan the completed application.
- Save the scan as a PDF and include your name in the file name (i.e. SmithJohn-Veteran-Application.pdf).
- Attach the scanned document to an e-mail and send to the e-mail address below.

***Option 2: Complete the Honor Flight Application Form electronically:***

- Open the Honor Flight Application Form PDF.
- Complete the application electronically by tabbing through and typing into the boxes provided.
- Save the PDF with a new file name (i.e. SmithJohn-Veteran-Application.pdf).

*Then...*

- Print the completed application and sign.
- Mail the completed application to the address below.

*Or...*

- Attach the completed application to an e-mail and send to the e-mail address below.  
(Note: E-mail applicants will be required to sign prior to actual trip date.)

**STEP 3: SUBMIT** the completed Honor Flight Application Form along with the  
***Covenant Not to Sue and Indemnity Agreement...***

*Via Mail to:* Greater St. Louis Honor Flight, Inc.  
8050 Watson Rd., STE 240  
St. Louis, MO 63119

*Via E-mail to:* [admin@gsllhonorflight.org](mailto:admin@gsllhonorflight.org)

# VETERAN APPLICATION

## Optional ways to use this form:

1. Print a copy, handwrite, sign and mail
2. Print a copy, handwrite, sign, scan and E-mail
3. Type into boxes on form, save PDF and E-mail



## PERSONAL INFORMATION (as it appears on Photo ID)

LAST NAME	FIRST	FULL MIDDLE	NICKNAME
D.O.B.	AGE	T-SHIRT SIZE: SM M L XL 2XL 3XL 4XL	
ADDRESS	CITY	STATE ZIP	COUNTY
HOME PHONE	CELL PHONE	E-MAIL ADDRESS	
Have you been to see your Memorial in Washington, D.C.?		[ ] Yes	[ ] No

If yes, when and with whom?

Are you requesting travel with specific veteran(s) or guardian, if possible? [ ] Yes [ ] No

If yes, please name the veteran(s):

Please name the guardian:

*(Note: Veterans and/or Guardian listed above must fill out and submit separate applications)*

## ALTERNATE CONTACT (SON, DAUGHTER, CAREGIVER)

NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE		
ALTERNATE PHONE		
RELATIONSHIP		

## EMERGENCY CONTACT (IF DIFFERENT) *Note: Must be available day of flight*

NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE		
ALTERNATE PHONE		
RELATIONSHIP		

## SERVICE HISTORY

BRANCH	DATES OF SERVICE	RANK
THEATER	WAR	ACTIVITY

MEDALS / AWARDS

SIGNATURE DATE

*(Note: E-mail applicants will be required to sign prior to actual trip date)*

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**GREATER ST. LOUIS  
HONOR FLIGHT**



I hereby authorize Greater St. Louis Honor Flight, Inc. (hereafter, "Honor Flight"), its officers, employees, members, participants, users and/or volunteers, to take the action they believe is appropriate in an emergency situation. Further, I agree to indemnify and hold harmless Honor Flight, any officer, affiliate, employee, member, participant, user and/or volunteer thereof, against any claim(s) arising out of said emergency care.

SIGNATURE

DATE

## VETERAN MEDICAL INFORMATION AND MEDICATION LIST

This information will help Honor Flight serve you best on the trip by meeting all of your needs. The medical information you provide **WILL NOT** disqualify you from going on a flight. Information is used for Honor Flight personnel only.

MEDICATION	DOSE (MG ETC.)	HOW OFTEN / TIME OF DAY	ROUTE (BY MOUTH, INJECTION, TOPICAL, ETC.)

## LIST MEDICATION ALLERGIES

Check the following medical conditions which apply to you past or present. **If you check any condition below, PLEASE discuss the trip with your physician.**

☐ Seizures: Type ☐ grand mal ☐ petit mal When was your last seizure? \_\_\_\_\_

☐ Breathing problems

☐ Use a home nebulizer machine *(Discuss use of hand held nebulizer with your physician)*

☐ Use oxygen at any time *(Please have physician write prescription for oxygen use on trip)*

☐ Colostomy/Iliostomy *(Bag needs to be vented prior to flight)*

☐ Arthritis ☐ Heart problems ☐ Sinus problems ☐ Ear problems ☐ Motion sickness ☐ Open head injury

☐ Problems walking the length of a football field without assistance. Reason \_\_\_\_\_

☐ Mobility Device needed day of flight: ☐ Scooter ☐ Wheelchair ☐ Walker ☐ Cane

## ADDITIONAL COMMENTS OR CONCERNS

# VETERAN APPLICATION

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3. Type into boxes on form, save PDF and E-mail



PLEASE REVIEW CAREFULLY AND SIGN:

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 my responsibility, and I understand that neither Honor Flight nor the provider of the private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in Honor Flight activities.
3. I authorize Honor Flight officials to release my contact information (home phone and address) to other requesting individuals who participate in the same flight for purposes of communication and camaraderie with other participants.

Please check one and initial:    ☐ **Yes**    ☐ **No**    Initials \_\_\_\_\_

SIGNATURE

DATE

*(Note: E-mail applicants will be required to sign prior to actual trip date)*

Please submit this form along with the attached

## COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

*Via Mail to:* Greater St. Louis Honor Flight, Inc.  
8050 Watson Rd., STE 240  
St. Louis, MO 63119

*Via E-mail to:* [admin@gslhonorflight.org](mailto:admin@gslhonorflight.org)

## COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

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I, \_\_\_\_\_, am about to voluntarily participate in various activities, including flying activities, of Greater St. Louis Honor Flight, Inc. ("Honor Flight"). In consideration of Honor Flight permitting me to participate in these activities, I, for myself, my heirs, administrators, executors and assigns, hereby covenant and agree that I will never institute, prosecute, or in any way aid in the institution or prosecution of, any demand, claim or suit against Honor Flight 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 the activities of Honor Flight.

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

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

I further understand that the term Honor Flight includes the non-profit organization known as Greater St. Louis Honor Flight, Inc., as well as any affiliate, officer, agent and/or employee thereof.

SIGNATURE

DATE

*(Note: E-mail applicants will be required to sign prior to actual trip date)*

SIGNATURE OF HONOR FLIGHT OFFICIAL

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