



Received: _____ Interviewed _____

Honor Flight Southern Nevada Veteran Application For the *HONOR FLIGHT EXPERIENCE LUNCHEON HELD IN LAS VEGAS ONLY*

This is for a special local event. This application will NOT put you on a list for going to Washington D.C. This is for the local luncheon only.

Honor Flight Southern Nevada recognizes America's war veterans from WWII and the Korean War for their service and sacrifice.

As soon as the completed form is received by Honor Flight Southern Nevada via mail, fax or scanned emailed pdf file, and it is confirmed that all pages are complete, it will be reviewed by team. For further information, please contact us at **702-749-5912** or go online to www.honorflightsouthernnevada.org.

Please <i>complete</i> and submit <u>all pages</u> of this form with required signature(s) as soon as possible to:	Honor Flight Southern Nevada 2190 E. Pebble Road, Suite 150 Las Vegas, NV 89123 FAX: 702-749-5933 applications@honorflightsouthernnevada.org
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[INCOMPLETE APPLICATIONS CANNOT BE PROCESSED]

Your name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Primary phone: _____ Cell phone: _____

Email address: _____ Date of birth (Month/Day/Year): _____

Gender: Male Female

T-shirt size (Please circle your size): S M L XL XXL XXXL

WWII Korean War Vietnam War (Please circle)

Dates you served in the military (Month/Year to Month/Year): _____ to _____

Branch of service: Army Air Force Navy Marines Coast Guard

Other _____ Rank: _____ Service number: (if known) _____

Country (ies) where you served: _____

Activity during the war: _____

Any medals or commendations received during service, any special events:

CONTACT INFORMATION

Primary emergency contact

Name: _____

Relationship: _____

Address: _____

City: _____

State: _____ Phone: Day _____ Evening _____

Cell _____ Email: _____

Non-Spouse alternate contact (son, daughter, grandchild, personal friend):

Name: _____

Relationship: _____

Address: _____

City: _____

State: _____ Phone: Day _____ Evening _____

Cell _____ Email: _____

GUARDIAN INFORMATION

Honor Flight Southern Nevada help supply a Guardian for the event if you do not have a family member able to assist you. If you have a family member that will be escorting you that day, they must in good health, and be able to push the wheelchair, if needed. Please list that person's contact information below.

Guardians will need to pay for their part of the luncheon. You can contact us for more details on that cost.

Requested guardian name: _____

Phone: _____ Requested guardian email: _____

BRIEF MEDICAL INFORMATION TO ENSURE YOUR SAFETY

YOUR MEDICAL INFORMATION – Please understand that providing this information will not necessarily disqualify you. We need this information to ensure everyone is safe for all veterans applying.

1. Place of residence:

Private home Private condo/apartment Independent living/Assisted living/Nursing home

2. Do you have a personal care attendant?

No Yes 8-12 hours 2-4 times per week 24 hours

3. Please check all that apply: Cane Walker Crutches Wheelchair Scooter

Prosthetics/braces None of the above

4. How far can you walk without assistance? None 0-10 steps 25 feet One block or more

5. Do you have diabetes? Yes No

If yes, how do you control it? Insulin Pill Diet controlled

6. Do you have a pacemaker/defibrillator? Yes No

Do you have a history of heart problems? Yes No

If yes, please specify: _____

7. History of COPD or asthma? Yes No If yes, please describe: _____

8. Do you have any history of visual impairment (other than glasses)? Yes No
If yes, please describe: _____

9. History of dementia or Alzheimer's OR are you on prescription medications for memory?
 Yes No

10. Please list any allergies you have: _____
Any bee sting reaction? Yes No Do you carry an epinephrine pen with you? Yes No
If yes, please bring your epinephrine pen with you. Initial here: _____

MEDICAL RELEASE

The information I have provided is complete and accurate. I understand that Honor Flight Southern Nevada medical volunteers will review my health history and may speak with my healthcare provider(s) to clarify any medical concerns. If any of this information is **falsified or pertinent medical information is omitted**, or if my medical conditions change or are determined by Honor Flight Southern Nevada to be unacceptable to participate, I understand I may be disqualified from participating in an Honor Flight at the sole discretion of Honor Flight Southern Nevada. I understand that medical insurance and medical costs that may be incurred pursuant to participation are my responsibility and that Honor Flight Southern Nevada does not provide medical care. I understand that I accept all risks associated with travel and other Honor Flight Southern Nevada activities, and that I have executed a Release, Covenant Not to Sue and Indemnity agreement in favor of Honor Flight Southern Nevada while participating in the program. ***I hereby give consent and permission to any of my medical providers or emergency medical providers to discuss and release my health and treatment information for treatment purposes I may require during my participation in the Honor Flight Southern Nevada program and my signature on this page shall be sufficient evidence of my consent.*** My signature authorizes you to call my physician or any other personnel familiar with my care to discuss my medical history. Please note that a facsimile signature will also be accepted as an original signature.

PHOTOGRAPHIC AND MEDIA RELEASE

As photographic and video equipment are frequently used to memorialize and document **Honor Flight Southern Nevada (HFSN) and the Honor Flight Network (HFN)** 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 **HFSN and the HFN** program. I hereby release the photographer and **HFSN and the HFN** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **HFSN and the HFN** activities through video, photo, or other media, to be used solely for the purposes of **HFSN and the HFN** promotional material and publications, and waive any rights of compensation or ownership thereto.

Veteran signature required: _____

Please print your name: _____

Date form completed: _____