



Veteran Application

Honor Flight Tri-State recognizes American Veterans for your sacrifices and accomplishments by flying you to Washington DC to visit your memorial at no cost. WE are accepting applications from all veterans over the age of 65 who have served either stateside or overseas, war time or peace time. All veterans are given priority based on birth year; oldest going first. Terminally ill veterans get priority on all flights. It is our goal to provide you a safe, memorable, and rewarding experience. To help us do that, **ALL** veterans will be accompanied by a Guardian. If you do not have someone or that person cannot meet the expense of \$600, we will provide a Guardian to assist you throughout the day. The information contained on this application is for the use of *Honor Flight Tri-State* only and will not be shared with anyone. Please visit our website at www.honorflighttristate.org for further information about the *Honor Flight Tri-State* program. If you have questions, please call us on our hotline, 513-277-9626.

Have you been on an Honor Flight? Yes _____ No _____

Last Name: First Name Middle name/initial
(as it appears on your photo ID for airline travel)

Nickname _____ Age: _____ D.O.B _____

Address: _____ Apt / Unit # _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell _____

Email address: _____

M____ or F____ Height _____ Weight _____ T-shirt size _____

Draft/Enlistment date _____ Discharge date _____

Active duty Yes _____ No _____ Reserves/NG: Yes _____ No _____

Conflict: WWII _____ Korea _____ Cold War _____ Vietnam _____ Other _____

Branch of service: _____

MOS/duties: _____

Emergency Contact: _____ Phone: _____
(someone NOT on the flight)

See Side 2

Do you have a person you would like to have travel with you as your guardian? Yes ____ No ____

ALL veterans are required to travel with a guardian. **Spouses/girlfriends are not eligible to be Guardians.**

If Yes, Name _____ Relationship _____ Age _____

Phone: _____

Please note: If **YES**, a guardian application must be attached to this application. All guardians must be between the ages of 18-64. **Spouses/girlfriends are not eligible to be Guardians.** If **NO**, we will provide a trained guardian for you from our database of Guardian personnel and they are responsible for the fee.

Disclaimer

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document *Honor Flight Tri-State* trips and events, my image may appear in a public forum, such as the news media or a website, to acknowledge or promote the work of the *Honor Flight Tri-State* Program. I hereby release the photographer and *Honor Flight Tri-State* from all claims and liability relating to said photographs. I hereby give my permission for my image captured during the *Honor Flight Tri-State* activities through video, photos or other media, to be used solely for the purposes of *Honor Flight Tri-State* promotional materials and publications, and waive any rights, compensation or ownership thereto.
2. I further understand that medical and trip insurance is the responsibility of the veteran. I also understand and agree that *Honor Flight Tri-State* does not provide medical care. I understand that I accept all risks associated with air and ground travel, and other *Honor Flight Tri-State* activities and will not hold *Honor Flight Tri-State* responsible for any injuries incurred by me while participating in the *Honor Flight Tri-State* Program.

SIGNED: _____ Date: _____

Please submit this form to:

Dee Daniels
Honor Flight Tri-State
9718 Ross Avenue
Cincinnati, OH 45242

Or fax your application to 513-489-1510. Keep a copy for yourself – If you have any questions, please call 513-277-9626 or visit our website at www.honorflighttristate.org. You may also apply online at the above website.