Last Name:	Date Rec'd: / /



VETERAN APPLICATION



For Honor Flight at Home ONLY

Honor Flight® of West Central Florida, Inc. ("Honor Flight") recognizes American War Era Veterans for their sacrifice and service by flying Veterans **FREE OF CHARGE** to Washington, D.C. to visit and reflect at memorials dedicated in their honor. We realize that not every Veteran is able to physically make this trip. To honor your service to our country, we would like to invite you to a local Honor Flight at Home event. For what you have given us, please consider this a small token of appreciation from all of us at Honor Flight. If you are interested in attending Honor Flight at Home, please fill out the application and mail to the address listed. For more information, please contact us at info@honorflightwcf.org, call us at 727-498-6079, or visit our website at www.honorflightwcf.org.

YOUR NAME:			SEX: M or F	
Last	First		Middle	
ADDRESS:				
CITY:	COUNTY:	STATE:	ZIP:	
PHONE:	CELL	PHONE:		
E-MAIL:		D.O.B.*:		
YOUR SHIRT SIZE: Small	□ Medium □ Large		*REQUIRED (MM/DD/YYYY) □ XXL □ XXXL	
EMERGENCY CONTACT INFO	RMATION:			
NAME:		RELATIONSHIP:		
PHONE:		CELL PHONE:		
EMAIL:				
I am a: □ WWII Veteran	SERVICE F Korean War Veteran		ran Other:	
			ERVED:	
THEATER(S) WHERE YOU SER	VED:			
ACTIVITY DURING YOUR SERV	'ICE:			
	GENERAL INF	ORMATION		
May we contact you in the fut	_			
Have you ever been on an Ho	nor Flight tour before?		YES 🗆 NO	

PLEASE REVIEW CAREFULLY AND SIGN.

The undersigned acknowledges and agrees that:

- 1. As photographic and video equipment is frequently used to document Honor Flight trips and events, my 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 any photographer/videographer and Honor Flight from all claims and liability relating to said photographs/videos. 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 understand that I may be featured on news reports or in photographs or video taken by media or news outlets. I understand I have the right to consent/not consent to an interview with any news outlet. I understand that Honor Flight will NOT provide my name, address, telephone number, or any other personal information to any news or media outlet personnel.
- 3. I understand that Honor Flight will not provide my address, telephone number or any personal information to anyone without my permission or without permission from the Board of Directors of Honor Flight.
- 4. I understand that medical insurance is the responsibility of the individual passenger and I understand that Honor Flight does NOT provide medical insurance or travel insurance. I understand that Honor Flight personnel do 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 injuries incurred by me while participating in the Honor Flight program.

SIGNATURE:	DATE:
PRINT NAME:	

Please submit these completed and signed forms to:

Honor Flight of West Central Florida P.O. Box 55661 St. Petersburg, FL 33732

Last Name:	Date Rec'd:	/	/



Veteran Covenant Not To Sue and Indemnity Agreement



I agree to voluntarily participate in various activities. In consideration of this organization 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 at Home.

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 at Home activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of Honor Flight.

I 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 limited damages or loss to Honor Flight which is caused by my negligence.

I further understand that Honor Flight organization includes the non-profit organization known as Honor Flight of West Central Florida, Inc. and any officer, director, agent and/or employee thereof.

DATE	SIGNATURE	DATE OF BIRTH		
PRINT NAME				
SIGNATURE OF HONOR FLIGHT OFFICIAL				

Please submit this completed and signed form to:

Honor Flight of West Central Florida P.O. Box 55661 St. Petersburg, FL 33732