

RI Honor Flight Veteran Application

RI Honor Flight use only

Name:

RI Honor Flight Veteran Application



Honor Flight recognizes American Veterans for their sacrifices and achievements by flying them to Washington DC to see THEIR memorial at NO cost to the veteran. Top priority (for which we are currently accepting applications) is given to WW II and terminally ill veterans from **all** wars. In order for *Honor Flight* to achieve this goal, escorts fly with the Veterans on every flight providing assistance and helping Veterans have a safe, memorable and rewarding experience. Please consider this a small token of appreciation from all of us at *RI Fire Chiefs Honor Flight Hub* for what you and your comrades have given to us. For further information, please contact us at 401-354-7905 or rifierechiefshonorflight@gmail.com or visit our website at www.rihonorflight.com.

NAME: _____ (As it appears for ID on airline travel)

NICKNAME (if applicable) _____

ADDRESS: _____ **DATE:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: Daytime: _____ Evening: _____ Mobile: _____

E-MAIL ADDRESS: _____ **Age:** _____

WEIGHT: _____ **BIRTHDAY (DOB):** _____

T-Shirt Size: (Circle one) S M L XL XXL XXXL

How did you learn about the Honor Flight organization? _____

ALTERNATE CONTACT INFORMATION (Spouse, Son, Daughter, etc.):

NAME: _____

E-MAIL ADDRESS: _____

Relationship: _____

EMERGENCY CONTACT INFORMATION (someone available the day you travel):

NAME: _____

PHONE: Daytime: _____ Evening: _____ Mobile: _____

E-MAIL ADDRESS: _____

Relationship: _____

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SERVICE HISTORY - BRANCH OF SERVICE: _____ **RANK:** _____

HOMETOWN (from which City and State did you enter the service): _____

ACTIVITY DURING WW II / Korea / Vietnam / Other (Attach a separate sheet as needed)

Additional comments or concerns: _____

TELL US ABOUT YOUR LIFE AFTER YOUR SERVICE IN WW II /Korea / Vietnam - Other

(Attach a separate sheet as needed)

MEDICAL: This information is necessary so we may provide you with the appropriate medical support during your trip. This information is for Honor Flight and Medical Personnel only.

BE ADVISED THAT ONLY VETERANS WITH PROOF OF A COMPLETED COVID 19 VACCINATION AT LEAST 3 WEEKS PRIOR TO THE DATE OF THE HONOR FLIGHT WILL BE ABLE TO FLY WITH THE HONOR FLIGHT...NO EXCEPTIONS.

Have you been vaccinated with the Covid 19 Vaccine (circle one):

Moderna **2 shots** **YES** **NO** **DATE:** _____

Pfizer **2 shots** **YES** **NO** **DATE:** _____

Johnson & Johnson **1 shot** **YES** **NO** **DATE:** _____

Do you use mobility equipment? (Please circle) YES NO

If YES, please circle device: CANE WALKER WHEELCHAIR SCOOTER

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MEDICATIONS (name and how often you take it):

NOTE: A MEDICATION LIST FROM YOUR DOCTOR OR PHARMACY IS REQUIRED THREE WEEKS PRIOR TO YOUR HONOR FLIGHT...NO EXCEPTIONS.

MEDICATION

HOW OFTEN TAKEN AND WHEN?

_____	_____
_____	_____
_____	_____
_____	_____

1) **Drug allergies (please list):** _____

2) **Food allergies (please list):** _____

3) Do you have a history of **seizures**? Yes No

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

What was the date of your last seizure? _____ If within the past five years, we STRONGLY advise you to discuss this trip with your private physician!

4) Do you have problems with **motion sickness** (car or air)? Yes No

If yes, is it controlled with medications? Yes No

If motion sickness is not controlled with medication, it is STRONGLY advised that you discuss this trip with your private physician!

5) Do you have **breathing problems**? Yes No

If yes, please describe _____

6) Do you use a **home nebulizer machine**? Yes No

If yes, you are STRONGLY advised that you discuss this trip with your private physician concerning the use of portable hand-held nebulizers during this trip.

7) Do you use **oxygen** at any time? Yes No

If yes, you will need your private physician to write a prescription for a battery-operated oxygen concentrator to be used during the flight. **Note:** Veterans are required to supply their own oxygen concentrator for the flight.

8) Do you have a **problem walking** the length of a football field without assistance? Yes No

9) Do you have a history of **open head injuries**, sinus problems or ear problems? Yes No

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If yes, have you flown since the open head injury, sinus or ear problem occurred? Yes No

If yes, did you have any problems? Yes No

If yes, we **STRONGLY** advise you discuss this trip with your private physician. If you have NEVER flown since the open head injury, sinus or ear problems, we again **STRONGLY** advise you to discuss the trip with your private physician.

10) Do you have a **urostomy or colostomy bag**? Yes No

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

11) Do you need an escort for mobility or medical reasons? Yes No

If yes, please describe the reason:

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Rhode Island Fire Chiefs Honor Flight Hub 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 Rhode Island Fire Chiefs Honor Flight Hub program. I hereby release the photographer and Rhode Island Fire Chiefs Honor Flight Hub from all claims and liability relating to said photographs. I hereby give permission for my images captured during Rhode Island Fire Chiefs Honor Flight Hub activities through video, photo or other media, to be used solely for the purposes of Rhode Island Fire Chiefs Honor Flight Hub promotional material and publications and waive any rights or compensation or ownership thereto.

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2. I further state that medical insurance is the responsibility of the Veteran and I understand that Rhode Island Fire Chiefs Honor Flight Hub does **NOT** provide medical care. I understand that I accept all risks associated with travel and other Rhode Island Fire Chiefs Honor Flight Hub activities and will not hold Rhode Island Fire Chiefs Honor Flight Hub responsible for any injuries incurred by me while participating in the Rhode Island Fire Chiefs Honor Flight Hub program.

Veteran signature: _____

Printed name: _____

Date: _____

Please mail this form to:

Chief George S. Farrell (retired)
Founder - Chairman
Rhode Island Fire Chiefs Honor Flight Hub
P.O. Box 28132
Providence, RI 02908 -3700
Email to: rifirechiefshonorflight@gmail.com
Phone: 401-354-7905

RI Honor Flight Guardian Application

Revised: June 2021

RI HONOR FLIGHT USE ONLY – Name: _____

Date: _____



RI Honor Flight Guardian Application

Honor Flight would not be successful without the generous support of our Guardians. Guardians play a significant role on every trip, ensuring that every Veteran has a safe and memorable experience. Duties include, but are not limited to, physically assisting the Veterans at the airport, during the flight and at the Memorials. Guardians are responsible for their own expenses (airfare, meals, etc.). The cost for a guardian is five hundred (\$500.00) dollars. For further information, please contact us at 401-354-7905 or rifirechiefshonorflight@gmail.com or visit our website at www.rihonorflight.com

NAME: _____ (As it appears on ID for airline travel)

ADDRESS: _____ **BIRTHDATE:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: Daytime: _____ Evening: _____ Mobile: _____

E-MAIL ADDRESS: _____ **AGE:** _____

OCCUPATION: _____

T-Shirt size? (circle one) S M L XL XXL XXXL

ARE YOU A VETERAN? (Please Circle) Yes No

If you are a Veteran, please indicate which **BRANCH** of service, along with **WHEN** and **WHERE** you served:

- 1) How did you learn about the Honor Flight organization? _____
- 2) Why are you volunteering for Honor Flight? _____
- 3) Please list any prior volunteer experience: _____

ALTERNATE CONTACT INFORMATION (Spouse, Son, Daughter, etc.):

NAME: _____

E-MAIL ADDRESS: _____

Relationship: _____

EMERGENCY CONTACT INFORMATION (someone available the day you travel):

NAME: _____

PHONE: Daytime: _____ Evening: _____ Mobile: _____

E-MAIL ADDRESS: _____

Relationship: _____

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RI Honor Flight Guardian Application

Revised: June 2021

- 4) Are you requesting to travel with a specific veteran, if possible? _____
If yes, please name the veteran _____
(Please note a Veteran Application must be submitted separately.)
- 5) Can you lift 100 pounds? _____
- 6) Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of guardian. Also, please list any medications being taken and how often:

- 7) Please note any medical experience that you may have (e.g. EMT, CPR, Paramedic):

NOTE: A MEDICATION LIST FROM YOUR DOCTOR OR PHARMACY IS REQUIRED THREE (3) WEEKS PRIOR TO YOUR HONOR FLIGHT

PLEASE BE ADVISED THAT ONLY GUARDIANS WITH PROOF OF A COMPLETED COVID 19 VACCINATION 3 WEEKS PRIOR TO THE DATE OF THE HONOR FLIGHT WILL BE ABLE TO FLY WITH THE HONOR FLIGHT...NO EXCEPTIONS.

Have you been vaccinated with the Covid 19 Vaccine (circle one):

Moderna	2 shots	YES	NO	DATE: _____
Pfizer	2 shots	YES	NO	DATE: _____
Johnson & Johnson	1 shot	YES	NO	DATE: _____

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that: We will take pictures and video to document our trip to Washington, DC. These pictures may appear on our website or elsewhere. I hereby release Rhode Island Fire Chiefs Honor Flight Hub from all claims and liability relating to said photographs. I hereby give permission for my images captured during Rhode Island Fire Chiefs Honor Flight Hub activities through video, photo or other media to be used solely for the purposes of Rhode Island Fire Chiefs Honor Flight Hub promotional materials and publications and waive any rights or compensation of ownership thereto.

1. I further state that medical insurance is the responsibility of the Guardian and I understand that Rhode Island Fire Chiefs Honor Flight Hub **does not** provide medical care. I understand that I accept all risks associated with travel and other Rhode Island Fire Chiefs Honor Flight Hub activities and will not hold Rhode Island Fire Chiefs Honor Flight Hub responsible for any injuries incurred by me while participating with Rhode Island

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RI Honor Flight Guardian Application

Revised: June 2021

Fire Chiefs Honor Flight Hub.

2. As a guardian, I agree to make a \$500.00 donation to support the mission of the Rhode Island Fire Chiefs Honor Flight Hub to cover my own travel expenses. I have the capacity to work with a veteran during an 18-hour day to and from Washington, DC. I will do my best to assist my assigned veteran throughout the day with transportation issues, as well as mental and physical support.

Signed: _____ Date: _____

Print name: _____

GUARDIANS WILL BE REQUIRED TO ATTEND A MANDATORY ORIENTATION IN ORDER TO ACCOMPANY US AS AN HONOR FLIGHT GUARDIAN NO EXCEPTIONS

Please mail / email this form to:

Chief George S. Farrell (retired), Chairman
Rhode Island Fire Chiefs Honor Flight Hub
P.O. Box 28132
Providence, RI 02908 -3700

Email to: rifirechiefshonorflight@gmail.com

Phone - 401-741-7999

COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I, _____, am about to voluntarily participate in various activities, including flying activities, of Rhode Island Fire Chiefs (RIFC) a hub of Honor Flight (TM) Inc., as passenger. 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 the organization known as RIFC Honor Flight or Honor Flight™ for any destruction, loss, damage or injury (including death) to my person or property which may occur from cause whatsoever as a result of my participation in the activities of RIFC Honor Flight.

If I, my heirs, administrators, executors or assigns should demand, claim, sue or aid in any way in such demand, claim or suit, I agree, for myself, my heirs, administrators, executors, and assigns to indemnify RIFC Honor Flight and Honor Flight (TM) Inc. organization 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 personal injury, death or property damage, loss or destruction that may result while participating in activities with RIFC Honor Flight and Honor Flight (TM) Inc., including such injuries, death, damage, loss or destruction as may be caused by negligence of RIFC Honor Flight and Honor Flight (TM) Inc. organization.

I also understand and agree that I may be liable for any damages or loss to RIFC Honor Flight and Honor Flight (TM) Inc. organization which is caused by gross negligence, willful misconduct, dishonesty, or fraud and for limited damages or loss to RIFC Honor Flight and Honor Flight (TM) Inc. organization which is caused by my simple negligence.

I further understand that the term Honor Flight organizations includes the non-profit organization known as RIFC Honor Flight and/or Honor Flight™, any officer, volunteer, agent and/or employee thereof.

DATE	SIGNATURE
SIGNATURE OF HONOR FLIGHT OFFICIAL	

I authorize to RIFC Honor Flight and Honor Flight (TM) Inc. officials 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 circle one and initial: **Yes** **No**

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ACKNOWLEDGMENT AND ASSUMPTION OF RISK**RELEASE**

I hereby acknowledge being aware of the ongoing COVID-19 pandemic, as declared by the World Health Organization, including the spread of coronavirus, the virus causing COVID-19, across the United States beginning in March 2020.¹ In addition, I acknowledge being aware that some individuals have developed severe illness from COVID-19 and that some individuals have died as a result.

I hereby acknowledge that there are certain risks inherent with any travel with respect to potential exposures to and/or contraction of infectious diseases such as coronaviruses, including the recent COVID-19 virus and disease, as well as Middle East Respiratory Syndrome (“MERS”) and Severe Acute Respiratory Syndrome (“SARS”) (collectively, “infectious diseases”).

I understand that by participating in a trip to Washington, DC and surrounding areas as specified herein (“Trip”), I may need to travel both by air and bus for extended periods of time, and that I will be present in crowded places including non-private areas accessible to and visited by many other members of the public.

I hereby further acknowledge that while the risk of exposure to and/or contraction of infectious diseases, such as COVID-19, can be mitigated to some extent, all risk cannot be prevented.²

Therefore, I hereby assume those risks of exposure to and/or contraction of infectious diseases which are beyond the control of Honor Flight, Inc. (doing business as Honor Flight Network) and my local hub as specified below (“Hub”), including their respective board members, directors, officers, employees, agents, affiliates, independent contractors, and representatives (collectively, “Honor Flight”). **For the sake of clarity, I understand and agree that by assuming such risks, I am expressly releasing any and all claims against Honor Flight associated with exposure to and/or contraction of infectious diseases during the Trip, including but not limited to negligence claims against Honor Flight.**

I acknowledge that Honor Flight does not have any particular expertise in dealing with infectious diseases such as COVID-19.

I acknowledge that I am participating on the Trip of my own free will, having been offered the opportunity to postpone my travel until the COVID-19 situation in the United States—especially in Washington, DC and its surrounding areas such as Arlington, Virginia—is better understood and controlled. I acknowledge that Honor Flight has offered to reimburse or otherwise offset some or all of any pre-existing financial commitments I made with respect to this Trip in exchange for my agreement

¹ World Health Organization (WHO), Virtual Press Conference on COVID-19, March 11, 2020, https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergenciescoronavirus-press-conference-full-and-final-11mar2020.pdf?sfvrsn=cb432bb3_2

² U.S. Centers for Disease Control (CDC) on May 14, 2021, states that “[f]ully vaccinated travelers are **less likely** to get and spread SARS-CoV-2” (emphasis added), available at: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

ACKNOWLEDGMENT AND ASSUMPTION OF RISK

RELEASE

to postpone making the Trip during this time of heightened concerns about exposure to infectious diseases, particularly COVID-19.

Finally, I agree that Honor Flight shall not be financially responsible for any medical bills or unexpected expenses that I may incur during the Trip, for example due to emergency or other medical treatment or any quarantine that may be required of me in connection with the Trip.

I acknowledge Honor Flight’s willingness to discuss the foregoing with me and attempt to address any concerns I may have prior to my signing this document, and that I have agreed to the foregoing conditions in consideration for the opportunity to promptly make the Trip.

HUB: Rhode Island Fire Chiefs Honor Flight Hub

DATE OF TRIP DEPARTURE (“TRIP”): October 30, 2021

PRINTED NAME OF PARTICIPANT: _____

SIGNATURE OF PARTICIPANT / LEGAL GUARDIAN: _____

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MEDICAL INFORMATION

The purpose of this form is to provide Rhode Island Fire Chiefs Honor Flight (RIFCHF) and/or emergency medical technicians information about the participants should an emergency arise while at a RIFCHF event or on the flight.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Known allergies to medications: _____

COVID Vaccinations Complete? Yes No

Known medical conditions:

Please attach a list of medications you currently take:

Must be obtained and signed from your doctor(s) or pharmacist

EMERGENCY CONTACT INFORMATION

In case of an emergency, please list the name, address and phone number of the person(s) you would like RIFC Honor Flight(TM) Inc. to contact on your behalf.

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

I hereby authorize the Rhode Island Fire Chiefs Honor Flight organization, 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 the RIFC Honor Flight(TM) Inc. organization, any officer, employee, member, participant, user and/or volunteer thereof, against any claim(s) arising out of said emergency care.

Date

Signature