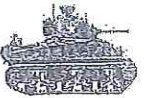
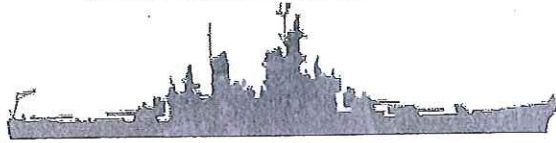


Veteran Application

LAST NAME: _____ DATE RECEIVED: ____/____/____



HONOR FLIGHTS of UTAH, A Project of Panoramaland RC&D

Panoramaland Resource Conservation & Development, (RC&D), is the 501c3, Sponsor of **HONOR FLIGHTS of UTAH**. We recognize the sacrifice of the American servicemen and women by sending you to the greater Washington DC area to see all of the memorials and museums that you and your brethren earned in war a free trip for saving our nation and indeed the entire planet to enjoy peace and freedom from tyranny for no cost. We are currently accepting applications in our office in Richfield. Top priority is given to WWII and terminally ill Veterans from all over Utah. This project also incorporates Korean era and Vietnam era Veterans are to follow. Honor Flight trains and flies Guardians to travel with our Veterans to provide a safe, memorable and rewarding experience. This is just a small token for what you have given this world it is our honor to serve you on your trip. For more information visit <http://www.panoramalandrcd.org> or call HONOR FLIGHT of UTAH Chairman Mike Turner @ 435-979-7067, between 8:00am - 6:00pm or Volunteer Dan Curtis @ 620-786-9896, between 5:00 -10:00p.

YOUR NAME: _____ **NICK NAME:** _____

(Please List Your First, Middle & Last Name as it appears on your driver's license or government ID.) (If Applicable)

ADDRESS: _____ **GENDER:** M F

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

PHONE: Day: _____ Evening: _____ Cell Phone: _____

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

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

TEE SHIRT SIZE: (S, M, L, XL, XXL, XXXL) _____

PREFERRED DEPARTING AIRPORT: _____

ALTERNATE CONTACT: (Son, daughter, etc.)

NAME: _____ **RELATIONSHIP:** _____
PHONE: _____ **E-MAIL:** _____

Do you have another veteran and/or guardian you wish to travel with? _____
Please List Name

EMERGENCY CONTACT INFORMATION: (SOMEONE AVAILABLE THE DAY YOU TRAVEL)

Name: _____ **Relationship:** _____
Address: _____
Phone: Day: _____ Evening: _____ Mobile: _____

SERVICE HISTORY: BRANCH OF SERVICE: _____ RANK: _____

HOME TOWN: (From which city and state did you enter the service?) _____

ACTIVITY DURING WWII: _____

MEDICAL: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFO IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.

Do you use mobility equipment? (Circle One) YES NO If YES, please circle device: Cane Walker Wheelchair Scooter

MEDICATIONS

MEDICATION	TAKEN HOW OFTEN	MEDICATION	TAKEN HOW OFTEN
_____	_____ / _____	_____	_____ / _____
_____	_____ / _____	_____	_____ / _____
_____	_____ / _____	_____	_____ / _____

Do you have any drug allergies? _____

Do you have a history of seizure? (Circle One) yes no If yes, please describe what type: _____
(grand mal, petit mal, other)

When was your last seizure? _____. If within the past 5 years.

STRONGLY advise you to discuss trip with your private physician!

Please complete back of page

Do you have any **drug allergies**? _____

Do you have a history of **seizure**? YES NO Please describe what type (i.e. grand mal, petit mal, other) _____.

When was your last seizure? _____. If within past 5 years, **STRONGLY** advised you discuss trip with your private physician!

Do you have problems with **motion sickness** (sea or air)? YES NO. If yes, is it controlled with medications? YES NO If motion sickness is not controlled with medications, it is **STRONGLY** advised you discuss the trip with your private physician! Do

you have any **breathing problems**? YES NO. If YES, please describe: _____

Do you use a home nebulizer machine? YES NO. If YES, you are **STRONGLY** encouraged to discuss the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.

Do you use **oxygen** at any time? YES NO. If YES, you will need your private physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided. The prescription should be turned in with the application.

Do you have a **problem walking** the length of a football field without assistance? YES NO. If yes, please describe the reason (e.g. lung problems, arthritis, heart problems, etc.): _____

Do you have a history of **open head injuries, sinus problems, or ear problems**? YES NO. If YES, have you flown since the open head injury, sinus or ear problems occurred? YES NO. If YES, did you have any problems? YES NO

If YES, it is **STRONGLY** advised you discuss the trip with your private physician. If you have **NEVER** flown since the open head injury, sinus or ear problems, again we **STRONGLY** advise you discuss the trip with your private physician.

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.

Additional Comments or Concerns: _____

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 of Utah* 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 of Utah* program. I hereby release the photographer and *Honor Flight of Utah* from all claims and liability relating to said photographs. I hereby give permission for my images captured during *Honor Flight of Utah* activities through video, photo, or other media, to be used solely for the purposes of *Honor Flight of Utah* promotional material and publications, and waive any rights or compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the veteran and I understand that neither Honor Flight of Utah nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight of Utah activities and will not hold Honor Flight of Utah, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight of Utah responsible for any injuries incurred by me while participating in the Honor Flight of Utah program.

SIGNED: _____

DATE: ____ / ____ / ____ (E-mail applicants will be required to sign prior to actual flight date)

Please submit this form to:

Panoramaland Honor Flight of Utah
ATTN: Veteran Application
PO Box 442
Richfield, UT
84701