

**Blue Ridge Honor Flight**

**GOLD STAR FAMILY MEMBER Application**

For **each** Family Member applying to participate:

Please **complete**and submit all three pages

of this form with required signature(s)

as soon as possible by mail or

CONTACT: 828-776-0650

janwville453@gmail.com

 **Blue Ridge Honor Flight**

 Attn: **Gold Star Family Member Application**

 PO Box 18057

 Asheville, NC 28814

**BLUE RIDGE HONOR FLIGHT IS PLEASED TO MAKE AVAILABLE TO GOLD STAR FAMILY MEMBERS SEATS ON EACH FLIGHT AT NO COST TO THE FAMILY. A SEPARATE APPLICATION IS REQUIRED FOR EACH FAMILY MEMBER APPLYING TO GO ON A FLIGHT.**

**THE POTENTIAL AVAILABILITY OF ADDITIONALSEATS FOR GOLD STAR FAMILY MEMBERS WILL BE DETERMINED IN ACCORDANCE WITH THE NUMBER OF VETERANS AND THE HEALTH OF THE VETERANS ON EACH FLIGHT.**

Name (As it appears on your photo ID for airline travel):

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Gender: Male Female

Address:

City: State: Zip Code

Primary Phone: Cell Home Work

Secondary Phone: Cell Home Work

E-Mail:

 Date of Birth / / (Day, Month and Year)

Name of Service Member to be honored:

 Relationship:

 Deceased Veteran Served In: WWII Korean War Vietnam War

 Other Conflict

 Branch of Service:

 Date of Death of Service Member:

 Place of Interment:

Are you a veteran? Yes No Branch of Service

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 If yes, select one: Retired Active Reserves/National Guard

 When and Where you Served:

**MEDICAL INFORMATION SUBMITTED WITH THIS APPLICATION MUST BE UPDATED WHEN THESE APPLICATIONS ARE REVIEWED BY A PHYSICIAN PRIOR TO EACH FLIGHT.**

Please list all allergies:

List all current medications: [If None, please indicate]

Other medical or health concerns:

Do you smoke? Yes No

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o

Do you require Oxygen? Yes No Full time Part time

Do you have diabetes? Yes No

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

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Do you currently have, or have you had a history of heart problems? Yes No If yes, please explain:

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Do you have a history of seizures? Yes No

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If yes, please describe: When was your last seizure?

Do you have any physical disabilities or limitations? Yes No

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o

If yes, please describe:

Do you have motion sickness? Yes No

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 **COVID-19:**  Have you received a COVID-19 Vaccination/Booster? Yes No

**PLEASE INCLUDE A COPY OF YOUR VACCINATION CARD WITH THIS APPLICATION. THIS WILL REMAIN CONFIDENTIAL WITH OUR MEDICAL TEAM.**

Have you contracted COVID-19? Yes No If so, when?

Physician’s name: Phone:

In Case of an Emergency, please Contact:

Name: Relationship:

 PHONE: Cell: Home: Work:

Polo shirt size: S M L XL XXL XXXL

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**BLUE RIDGE HONOR FLIGHT RELEASE, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT**

I, , am about to voluntarily participate as a Gold Star Family Member in various activities, which may include but are not limited to either being escorted, crowd interaction, taking commercial aircraft flights, physical activities, driving to activities, preparing documentation and other activities as a participant with or on behalf of and at the direction of Blue Ridge Honor Flight, a North Carolina not for profit corporation, which includes any officer, director, employee, volunteer or agent thereof (“Blue Ridge Honor Flight”). In consideration of and as a condition of Blue Ridge Honor Flight permitting me to participate in these activities, the sufficiency and receipt which I hereby acknowledge, knowingly, on behalf of myself, my heirs, administrators, successors, executors and assigns, hereby covenant and agree:

1. I am aware that there are inherent risks in the activities and that I am freely assuming all risks of any nature and damages related to such activities including those related to my own health issues and fully release Blue Ridge Honor Flight from all such liability relating to same.
2. To never institute, prosecute, or in any way aid in the institution or prosecution of any demand, claim or suit of any nature against Blue Ridge Honor Flight for any destruction, loss, damage or injury (including death) to my person or property or that of others which may occur from any cause whatsoever as a result of my participation now or in the future, known or unknown, foreseen or unforeseen in the activities of Blue Ridge Honor Flight, and agree to discharge, defend, indemnify and hold Blue Ridge Honor Flight harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
3. The information I have provided is complete and accurate. I understand that the Blue Ridge Honor Flight Medical Team will review my application and health history. Blue Ridge Honor Flight must medically approve all applicants to participate. I agree to notify Blue Ridge Honor Flight immediately should my medical condition change prior to the trip. If any of this information is falsified or pertinent medical information is omitted, or if my medical conditions change or are determined by the Blue Ridge Honor Flight Medical Team to be unacceptable to participate, I understand I may be disqualified at the sole discretion of Blue Ridge Honor Flight.
4. I hereby forever, waive, release and discharge any demands or claims or suits of any nature, known or unknown irrespective when such occur now or in the future, known or unknown, foreseen or unforeseen including but not limited to any destruction, loss, damage or injury (including death) to my person or property or that of others arising from my participation in the activities, against Blue Ridge Honor Flight, and agree to defend, indemnify and hold Blue Ridge Honor Flight harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
5. Notwithstanding any provisions to the contrary in the event of any litigation or arbitration resulting from my activities of any nature with Blue Ridge Honor Flight that I agree that venue and jurisdiction is limited to that of the Courts in Buncombe and Henderson Counties, North Carolina and or the United States District Court for the Western District of North Carolina and that North Carolina law shall govern.

I hereby, authorize Blue Ridge Honor Flight the continued right to perpetuity to photograph, film or video my activities and to publish same and or use such in the legitimate promotion of Blue Ridge Honor Flight as they deem fit and as such I waive any right to approve same in advance.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS TERMS AND CONDITIONS AND VOLUNTARILY AGREE TO THE TERMS.

Date:

Signature:

Print name:

Address:

City:

State:

Zip code:

**PLEASE COMPLETE ALL PAGES OF THIS APPLICATION AND RETURN IT TO:**

**Blue Ridge Honor Flight**

**Attention: Gold Star Family Application**

PO Box 18057

Asheville, NC 28814