**HONOR FLIGHT of the OZARKS**

**VETERAN APPLICATION and RELEASE**

Veterans: Thank you for your service to our county. Honor Flight of the Ozarks is a not-for-profit, charitable corporation, organized to serve United States military veterans of **World War II** (December 7, 1941 through December 31, 1946), **Korean Conflict** (June 27, 1950 through January 31, 1955) and **Vietnam Era** (February 28, 1961 through May 7, 1975). If you served on active duty during any one of the above dates, then you are eligible to participate in the Honor Flight of the Ozarks program. Veterans and Guardians selected for each flight will be notified only by e-mail or by USPS mail.

Flight priority is determined by the Board of Directors of Honor Flight of the Ozarks. Priority is given to terminally ill Veterans, World War II, Korea, and Vietnam Era Veterans. A guardian is required to accompany each veteran on every flight. Guardians provide the assistance needed by each veteran to ensure a safe and rewarding experience.

**PLEASE NOTE:** We have a long waiting list.  You will be contacted by an HFO staff member when you’ve been selected to go on a flight. Please be patient, most veterans wait approximately 6-12 months before being selected. Thank you for your patience and thank you for your service.

Please save this form to your computer, print it out and send the COMPLETED and SIGNED application by mail to:

 **HONOR FLIGHT OF THE OZARKS**

 **PO BOX 3964, SPRINGFIELD, MO 65808-3964**

Questions?  Please call 417.268.9052. If no one answers, please leave a message and one of our staff members will call you back.

***PLEASE FILL OUT EACH SPACE COMPLETELY. IF THE INFORMATION REQUESTED IS NOT APPLICABLE TO YOU, PUT “N/A”.***

**Please print your name as it appears on your photo ID (needed for airport security-TSA)**

**YOUR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Please list your FULL NAME) LAST, FIRST MIDDLE

**Name Preferred on a Name Badge:**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** STREET CITY STATE ZIP

**PHONE: Day Evening Cell
DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WEIGHT: \_\_\_\_\_\_\_\_\_ AGE:\_\_\_\_\_\_\_
EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

You will be issued an Honor Flight of the Ozarks t-shirt free of charge. The wearing of the t-shirt is mandatory and shall be worn over all other clothing at all times when participating in the Honor Flight Program.
 **TEE SHIRT SIZE: S M L XL XXL XXXL**  (Circle One)

**EMERGENCY CONTACT INFORMATION**

**NAME: RELATIONSHIP:**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** STREET CITY STATE ZIP

**PHONE:** Day Evening Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**E-MAIL ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALTERNATE EMERGENCY CONTACT INFORMATION (MANDATORY)**

**NAME: RELATIONSHIP:**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** STREET CITY STATE ZIP

**PHONE:** Day Evening Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**E-MAIL ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VETERAN’S HISTORY -** Dates of service must include one or more of the below listed dates: (Circle all that apply) **WORLD WAR II** (December 7, 1941 - December 31, 1946)
 **KOREAN CONFLICT** (June 27, 1950 - January 31, 1955)
 **VIETNAM ERA** (February 28, 1961 - May 7, 1975)

**Dates of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_** **ACTIVITY DURING WAR:
DO YOU HAVE A FELLOW VETERAN YOU WOULD LIKE TO TRAVEL WITH? YES** *□* **NO □**

**NAME OF FELLOW VETERAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(This Veteran must fill out an application and identify you as a fellow veteran to travel with.** We will make every effort to accommodate this request, but it is not guaranteed.)

**GUARDIAN**: Do you have a specific individual that you wish to be your guardian? Please note that the guardian must file a guardian application with Honor Flight of the Ozarks and specifically list you as their Veteran and pay **$450** at the time the veterans and guardians are notified of their selection for a flight.
**NAME OF GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 LAST, FIRST MIDDLE**

**MEDICAL INFORMATION:**

**Complete medical information requested is mandatory. If you need a wheelchair, you must be able to get in and out of the wheelchair with minimal assistance and you must be able to walk from the wheelchair to your seat on the plane and bus. This requirement is for your safety and the safety of others and due to space limitations on the buses. You will be evaluated at the time of the Veterans briefing, which will be held approximately 7-12 days in advance of the flight. Please do us all a favor and answer each question completely and fully.
Information provided will NOT disqualify you. IT PERMITS US TO ASSESS THE SUPPORT WE NEED TO PROVIDE DURING THE TRIP. Information is for Honor Flight of the Ozarks and Medical personnel ONLY. A PHYSICIAN ACCOMPANIES ALL FLIGHTS.**

Do you use any mobility equipment? Cane: Walker: Wheelchair: Scooter:

**PLEASE LIST ANY MEDICATION YOU TAKE AND HOW OFTEN YOU TAKE IT**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any **drug allergies**? YES □ NO □ If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Do you have f**ood allergies**? YES □ NO □ If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Do you have any history of seizures? YES □ NO □ If yes, please describe what type (i.e. grand mal, petit mal, other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When was your last seizure? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
If within the past 5 years, we **STRONGLY** advise you discuss this trip with your private physician!
Do you have problems with **motion sickness** (sea or air)? **YES □ NO □** If yes, is it controlled with medications? If within the past 5 years, we **STRONGLY** advise you discuss this trip with your private physician!

Do you have any **breathing problems? YES □ NO □** IF YES, PLEASE DESCRIBE:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you use a nebulizer machine? **YES □ NO □** If yes, we **STRONGLY** encourage you to discuss this trip with your private physician concerning the use of a portable handheld nebulizers during the trip.

Do you use **oxygen** at any time? YES □ NO □ When? If **yes**, you will need your private physician to write a prescription for oxygen to be used during the flight and tour. **Oxygen will be provided in Washington, but you will need to acquire an oxygen concentrator for air travel.** The prescription should be turned in with this 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.)

Are you capable of **walking up 3-5 stairs** on a commercial bus? YES □ NO □
Do you have a history o**f 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 that 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 (catheter) 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.

Have you been diagnosed with **Alzheimer's Disease?** YES **□** NO **□**

ADDITIONAL MEDICAL COMMENTS OR CONCERNS:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You and your spouse must initial each paragraph and sign at the bottom of this form.**

**Veteran and Spouse Agreement, Release and Liability, Assumption of Risk,
Covenant Not To Sue and Indemnity**

In consideration of being permitted to voluntarily participate in various activities, including but not limited to flying activities, tour activities, transportation activities of the Honor Flight of the Ozarks and/or Honor Flight (TM), herein, collectively referred to Honor Flight activities, I hereby agree as follows:

I certify that all responses in the Veteran’s application above are true and incorporated into this release. (\_\_\_\_\_\_\_)Veteran’s Initials (\_\_\_\_\_\_) Spouse’s Initials

1. It is agreed between the parties that Honor Flight activities may be dangerous and may result in injury or death. It is further agreed between the parties that the unforeseen may happen and that no one can delineate all the risks and possibilities of error or hazards. Therefore I specifically include in this release, any injury resulting from any occurrence, whether foreseen or unforeseen, and whether contemplated or not contemplated (\_\_\_\_\_\_\_)Veteran’s Initials (\_\_\_\_\_\_) Spouse’s Initials

2. I understand that this agreement, release of liability and assumption of risk and indemnity, includes Honor Flight of the Ozarks and/or Honor Flight (TM) and any of their officers, board members, directors, shareholders, agents, customers, associated entities, employees, volunteers, medical staff and anyone involved in any manner with my “Honor Flight activities” and specifically including but not limited to all aspects of traveling and touring by aircraft, buses, taxes or other motor vehicles or other modes of transportation, hereinafter collectively referred to in this agreement, release of liability, assumption of risk and indemnity as “Honor Flight of the Ozarks”. (\_\_\_\_\_\_\_)Veteran’s Initials (\_\_\_\_\_\_) Spouse’s Initials

3. This entire release and liability and assumption of risk is expanded to include all parties mentioned anywhere in this document by name or by category, all vendors or suppliers of materials or equipment for “Honor Flight activities” including but not limited to the manufacturer of the equipment, its employees, directors, officers and shareholders and all associated entity shareholders, partners, employees and all other persons in any way associated with any entity mentioned in the body of this document. (\_\_\_\_\_\_\_)Veteran’s Initials (\_\_\_\_\_\_) Spouse’s Initials

RISKS CONTEMPLATED

4. This agreement is made in contemplation of all “Honor Flight activities” including the foreseen and unforeseen, which shall include but not limited to all aspects of traveling to or from Honor Flight activities or any facilities used by Honor Flight of the Ozarks and/or Honor Flight (TM). (\_\_\_\_\_\_\_)Veteran’s Initials (\_\_\_\_\_\_) Spouse’s Initials

RELEASE FROM LIABILITY

5. I hereby release and discharge Honor Flight of the Ozarks and/or Honor Flight (TM) from any and all liability, claims, demands or cause of action that I may hereafter have for injuries or damages or loss of property, arising out of my participation in Honor Flight activities, even if cause by negligence or other fault of Honor Flight of the Ozarks or Honor Flight (TM). (\_\_\_\_\_\_\_)Veteran’s Initials (\_\_\_\_\_\_) Spouse’s Initials

COVENANT NOT TO SUE

6. I further agree that I will not sue or make claim against Honor Flight of the Ozarks and/or Honor Flight (TM) or any of their officers, directors, employees, volunteers, agents, medical staff or other persons firms or corporations participating in or assisting Honor Flight of the Ozarks and Honor Flight (TM) and/or Honor Flight activities. (\_\_\_\_\_\_\_)Veteran’s Initials (\_\_\_\_\_\_) Spouse’s Initials

INDEMNIFICATION AND HOLD HARMLESS

7. I also agree to indemnify and hold harmless Honor Flight of the Ozarks and/or Honor Flight (TM) from all claims, judgments, and costs, including but not limited to attorney’s fees and to reimburse them for any expenses whatsoever incurred in the connection of the defense of any action brought as a result of my Honor Flight activities, even if caused by negligence or other fault Honor Flight of the Ozarks or Honor Flight (TM). (\_\_\_\_\_\_\_)Veteran’s Initials (\_\_\_\_\_\_) Spouse’s Initials

ASSUMPTION OF RISK

8. I understand and acknowledge that Honor Flight activities may be dangerous and I expressly and voluntarily assume all risks of death, personal injury or properly loss sustained while participating in Honor Flight activities whether such risk is foreseen or unforeseen, contemplated or not contemplated and whether or not cause by negligence or other fault of Honor Flight of the Ozarks and/or Honor Flight (TM), including but not limited to equipment malfunction, motor vehicle accidents, transportation accidents or any deficiencies or any other injury or property loss I may sustain even if caused by negligence or any fault of Honor Flight of the Ozarks and/or Honor Flight (TM). (\_\_\_\_\_\_\_)Veteran’s Initials (\_\_\_\_\_\_) Spouse’s Initials

PARTIES BOUND BY THIS AGREEMENT

9. It is my understanding and intention that this agreement and release of liability and assumption of risk and indemnity, be binding not only upon myself, but on anyone or any entity, including but not limited to my estate, my heirs, that/who may be able or do sue because of my injury or death or property loss. It is further my understanding and agreement that this release is intended to and does in fact release Honor Flight of the Ozarks and/or Honor Flight (TM) and all officers, agents, directors, volunteers, veterans, medical staff, guardians, and all persons, firms or corporations on their behalf liable from any and all claims and obligations foreseen and unforeseen, contemplated and not contemplated, whatsoever arising in any way from my participation in Honor Flight activities, even if caused by negligence or other fault of Honor Flight of the Ozarks and/or Honor Flight(TM). (\_\_\_\_\_\_\_)Veteran’s Initials (\_\_\_\_\_\_) Spouse’s Initials

DURATION OF RELEASE

10. It is my understanding and intention that this release and agreement be effective not only from the time of my execution of this document before any subsequent activities in any way associated with Honor Flight of the Ozarks and/or Honor Flight (TM). (\_\_\_\_\_\_\_)Veteran’s Initials (\_\_\_\_\_\_) Spouse’s Initials

ENFORCEABILITY

11. I agree that if any portion of this agreement, release of liability and assumption of risk and indemnity are found to be unenforceable or against public policy, that only that portion shall fail, but I specifically waive any unenforceability or other public policy argument that I may make or that may be made on behalf of my estate or by anyone who would sue because of my injury or death or property loss. (\_\_\_\_\_\_\_)Veteran’s Initials (\_\_\_\_\_\_) Spouse’s Initials

12. I hereby agree to waive any and all duty of care, whether by omission or commission, or any other duty which may be owed me by Honor Flight of the Ozarks and/or Honor Flight (TM). (\_\_\_\_\_\_\_)Veteran’s Initials (\_\_\_\_\_\_) Spouse’s Initials

13. It is my agreement with Honor Flight of the Ozarks and/or Honor Flight (TM) and my intention that this document be broadly construed in favor of Honor Flight of the Ozarks and against me and that any and all ambiguities be resolved in favor of Honor Flight of the Ozarks and/or Honor Flight (TM). (\_\_\_\_\_\_\_)Veteran’s Initials (\_\_\_\_\_\_) Spouse’s Initials

14. It is further agreed between the parties that no matter where venue lies, any lawsuits shall be filed in the Circuit Court of Greene County, Missouri. It is further agreed that in the event any lawsuit is filed or other than in the Circuit Court of Greene County, Missouri, that such lawsuit shall be moved to Greene County, Missouri or such other location as Honor Flight of the Ozarks and /or Honor Flight (TM) shall specify in its unlimited discretion on Motion and at the option of Honor Flight of the Ozarks and/or Honor Flight (TM). (\_\_\_\_\_\_\_)Veteran’s Initials (\_\_\_\_\_\_) Spouse’s Initials

15. I hereby agree to pay for damages to any and all equipment, aircraft, motor vehicles or other properties which I cause directly or indirectly which occurred during my Honor Flight activities. (\_\_\_\_\_\_\_)Veteran’s Initials (\_\_\_\_\_\_) Spouse’s Initials

16. I authorize Honor Flight of the Ozarks and/or Honor Flight (TM) to release contact information (home phone and address) to other requesting individuals who participate for purposes of communication and camaraderie with other participants. (\_\_\_\_\_\_\_)Veteran’s Initials (\_\_\_\_\_\_) Spouse’s Initials

17. I hereby authorize Honor Flight of the Ozarks or its assignee to take any photographs and videos as they may deem appropriate of myself or my party and to use those photographs in such manner as they may deem appropriate and specifically waive any interests, proprietary or otherwise I may have in such photographs or videos. I fully understand that my activities may be recorded by media such as t.v. stations, newspapers or other institutions and assign all of my right title and interests in any audio or images obtained by such persons, firms or corporations to Honor Flight of the Ozarks and/or Honor Flight (TM). (\_\_\_\_\_\_\_)Veteran’s Initials (\_\_\_\_\_\_) Spouse’s Initials

18. As photographic and video equipment are frequently used to memorialize and document Honor Flight of the Ozarks 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 the Ozarks program. I hereby release the photographer and Honor Flight of the Ozarks from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight of the Ozarks activities through video, photo, or other media, to be used solely for the purposes of Honor Flight of the Ozarks promotional materials and publications, and waive any rights or compensation or ownership thereto. (\_\_\_\_\_\_\_)Veteran’s Initials (\_\_\_\_\_\_) Spouse’s Initials

19. I furthermore state that medical insurance is the responsibility of the Veteran and I understand that neither Honor Flight of the Ozarks 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 the Ozarks activities and will not hold Honor Flight of the Ozarks, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight of the Ozarks responsible for any injuries incurred by me while participating in the Honor Flight of the Ozarks program. (\_\_\_\_\_\_\_)Veteran’s Initials (\_\_\_\_\_\_) Spouse’s Initials

LEGAL RIGHTS

20. It has been explained to me and I understand that by signing this document, I am giving up important legal rights and it is my intention to do so. (\_\_\_\_\_\_\_)Veteran’s Initials (\_\_\_\_\_\_) Spouse’s Initials

UNDERSTANDING OF AGREEMENT

21. I hereby certify that I have read and understand the contents of this document and I wish to be bound by its terms and I understand by signing this I have forever given up important legal rights. (\_\_\_\_\_\_\_)Veteran’s Initials (\_\_\_\_\_\_) Spouse’s Initials

Signature of Veteran:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Signature of Veteran’s Spouse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_

Signature of Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Signature of Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

**(If applicable)**

Signature of Honor Flight of the Ozarks Official\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are a Veteran or spouse, execute where indicated.
If you are a witness, execute where indicated.

**PLEASE SUBMIT FORM BY MAIL TO:**

**HONOR FLIGHT OF THE OZARKS PO BOX 3964**

**SPRINGFIELD, MO 65808-3964**

For further information, please contact Honor Flight of the Ozarks at (417) 268-9052