



Greetings Veterans:

We hope you are getting as excited about flight day as we are. This is your prep packet. We have several items enclosed and ask that you review them all carefully.

1. **Medical Form:** Please complete, sign and return the enclosed medical form. **We must receive this by September 2, 2021.** Both Veterans and Guardians are required to complete the medical form.
2. **Waiver:** Please complete, sign and return the Waiver. **We must receive this by September 2, 2021.** Both Veterans and Guardians are required to complete the waiver.
3. **Covid Waiver:** Please complete, sign and return the Covid Waiver. **We must receive this by September 2, 2021.** Both Veterans and Guardians are required to complete the Covid waiver
4. **Flight Day Prep:** We are including some tips for getting ready for flight day. I can assure you that your volunteers and bus captains will be following the same tips to be at their best for you.
5. **Flight Day Apparel:** We are providing you with an official Lone Eagle Honor Flight shirt. You need to wear your Honor Flight Shirt on the flight. Please wear your Blount County Veterans Hat that your community has provided. **You can pick up your flight apparel up at the Blount County Memorial Museum on Thursday, October 6<sup>th</sup>.**

**Please return required forms to:** [arhudy@blountcountyal.gov](mailto:arhudy@blountcountyal.gov) Subject: Flight Forms OR mail to:

Blount County Memorial Museum  
Attn: Flight Forms  
PO Box 45  
Oneonta, AL 35121

Or you can drop them off at Blount County Memorial Museum.

If you have any questions regarding flight day, please contact Amy Rhudy at 205-625-6905 . She will return your call as soon as possible.

Thank you and we look forward to seeing you soon.  
Lone Eagle Honor Flight Team



## Medical Information Form



The purpose of this form is to provide medical information about participants should an emergency arise. Both the Veteran and the Guardian must complete and submit **all 3 pages** of this form prior to participating in a Lone Eagle Honor Flight.

### GENERAL INFORMATION

CIRCLE ONE:

VETERAN

GUARDIAN

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

### Medical conditions:

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

**Medications** (please list all medications including dose and frequency as accurately as possible; do not include vitamins):

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

### Allergies to Medications:

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

**Other Allergies:** \_\_\_\_\_

### ABILITIES AND LIMITATIONS

(Circle the best answer)

#### 1. Walking

How far can you walk without assistance?	Unlimited	One city block	Short distances only	Can't walk without help
Can you climb stairs?	YES	NO		
If you require assistance, do you require....	Walker	Wheelchair	Assistance getting in and out of a wheelchair	
Do you have frequent falls	YES	NO		

#### 2. Diet

Do you have special dietary needs such as low salt, kosher, gluten-free?	YES	NO	If so, please indicate in the box to the right	
Do you have any food allergies?	YES	NO	If so, please indicate in the box to the right	

**Do you have, or have you had, any of the following?**

___ AIDS/HIV Positive	___ Cold Sores/Fever Blisters	___ Glaucoma	___ Liver Disease	___ Sinus Trouble
___ Alzheimer's Disease	___ Congenital Heart Disorder	___ Hay Fever	___ Low Blood Pressure	___ Spina Bifida
___ Anaphylaxis	___ Convulsions	___ Heart Attack/Failure	___ Lung Disease	___ Stomach/Intestinal Disease
___ Anemia	___ Cortisone Medicine	___ Heart Murmur	___ Mitral Valve Prolapse	___ Stroke
___ Angina	___ Diabetes	___ Heart Pacemaker	___ Osteoporosis	___ Swelling of Limbs
___ Arthritis/Gout	___ Drug Addiction	___ Heart Trouble/Disease	___ Pain in Jaw Joints	___ Thyroid Disease
___ Artificial Heart Valve	___ Easily Winded	___ Hemophilia	___ Parathyroid Disease	___ Tonsillitis
___ Artificial Joint	___ Emphysema	___ Hepatitis A	___ Psychiatric Care	___ Tuberculosis
___ Asthma	___ Epilepsy or Seizures	___ Hepatitis B or C	___ Radiation Treatments	___ Tumors or Growths
___ Blood Disease	___ Excessive Bleeding	___ High Blood Pressure	___ Recent Weight Loss	___ Ulcers
___ Blood Transfusion	___ Excessive Thirst	___ High Cholesterol	___ Renal Dialysis	___ Yellow Jaundice
___ Breathing Problem	___ Fainting Spells/Dizziness	___ Hives or Rash	___ Rheumatic Fever	
___ Bruise Easily	___ Frequent Cough	___ Hypoglycemia	___ Rheumatism	
___ Cancer	___ Frequent Diarrhea	___ Irregular Heartbeat	___ Seizures	
___ Chemotherapy	___ Frequent Headaches	___ Kidney Problems	___ Shingles-Active Year	
___ Chest Pains	___ Genital Herpes	___ Leukemia	___ Sickle Cell Disease	

Comments or additional medical info you feel we should know: \_\_\_\_\_

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**LIABILITIES AND LIMITATIONS (CONTINUED)**

(Circle the best answer)

**1. Oxygen**

Do you use supplemental oxygen?	YES	NO
If yes, how often do you need it?	ALWAYS	PART TIME
Will you need it on the airplane?	YES	NO

Note: If you need oxygen for any portion of the trip, you need a prescription from your physician and you need to provide us with a copy. If you need oxygen while on the airplane, you must get an approved oxygen concentrator from your oxygen vendor.

**2. Insulin**

Do you use insulin?	YES	NO
If yes, please list dose and frequency.	DOSE:	FREQUENCY:
Have you ever had an insulin reaction?	YES	NO

If you've had an insulin reaction, please list your symptoms: \_\_\_\_\_

**\*\*If it looks like rain, please bring extra socks & shoes on flight. These can be left on the bus until needed.**

**3. Special Requirements**

Please list any additional special considerations (catheters, colostomies, prostheses, etc.)

\_\_\_\_\_

4. Do you have a service animal that needs to travel with you? YES f so, what kind \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

In case of an emergency, please list contact information of the person you would like Lone Eagle Honor Flight Inc. to contact on your behalf.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Advance Directives (DNR, etc.)**

Do you have Advanced Directives that you wish to have followed on this trip? YES NO

If yes, your "code status" should be discussed prior to the trip with your own physician (who can provide you with the appropriate forms). Those forms must be attached and returned with this document.

I hereby authorize Lone Eagle Honor Flight Inc, 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 Lone Eagle Honor Flight Inc, and officer, employee, member, participant, user and/or volunteer thereof, against any claim(s) arising out of said emergency care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email to: [arhudy@blountcountyal.gov](mailto:arhudy@blountcountyal.gov) Subject: Flight Forms OR  
Mail to: Blount County Memorial Museum, Attn: Flight Forms, PO Box 45, Oneonta, AL 35121  
Or drop off directly at the Blount County Memorial Museum



## **WAIVER AND RELEASE OF ALL CLAIMS**

\*\*\*\*\* PLEASE READ THIS DOCUMENT CAREFULLY \*\*\*\*\*

Be aware that in voluntarily signing up and participating in the identified programs/activities, including passenger travel, flying, busing, and touring of sites, (the "Activities") of Honor Flight, Inc., an Ohio Non-Stock/Non-Profit Corporation, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, death, damages or loss which you might sustain as a result of such participation.

Honor Flight, Inc., its Board of Directors, its Officers, its officials, its agents, and its volunteers (collectively the "Honor Flight") are committed to conducting the Activities in a safe manner. The "Honor Flight" strives to reduce risks and insist that all participants follow safety rules and instructions designed to promote participants' safety. However, participants must recognize that there is an inherent risk of injury or death when participating in the Activities.

You are solely responsible for determining if you are physically fit and/or adequately skilled for the Activities contemplated. It is always advisable, especially if the participant suffers from any underlying medical condition, or has recently suffered an illness, injury or impairment, to consult a physician before travelling or undertaking any physical activity.

I recognize and acknowledge that there are certain risks of physical injury or death to participants in the Activities, and I agree to assume the full risk of any and all injuries, death, damages or losses, regardless of severity, that I may sustain as a result of said participation. I further agree to waive all claims I may have or which may accrue to me as a result of participating in the Activities against Honor Flight, Inc.

I do hereby fully release and forever discharge Honor Flight, Inc. from any and all claims for injuries, death, damages or loss that I may have or which may accrue to me or to my family, my estate, my heirs and/or assigns, arising out my participation in the Activities.

I have read and understand the above information, warning of risk, assumption of risk, and waiver and release of all claims, and have signed this Waiver and Release freely and knowingly.

I acknowledge that the Activities may be photographed/videotaped by Honor Flight, Inc. to use for promotional purposes. By participating in the Activities, I grant permission and consent for my image(s) to be used for such purposes.

This "WAIVER AND RELEASE OF ALL CLAIMS" must be signed by all participants. Without proper signature, your application cannot be processed and will be returned to you.

<b>DATE</b>	<b>SIGNATURE OF PARTICIPANT</b>
<b>PRINT NAME OF PARTICIPANT</b>	

<b>DATE</b>	<b>SIGNATURE OF LEGAL GUARDIAN(S) if required</b>
<b>PRINT NAME OF LEGAL GUARDIAN(S)</b>	

Email to: [arhudy@blountcountyal.gov](mailto:arhudy@blountcountyal.gov) Subject: Flight Forms OR  
Mail to: Blount County Memorial Museum, Attn: Flight Forms, PO Box 45, Oneonta, AL 35121  
Or Drop Off Directly: at the Blount County Memorial Museum



## **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.<sup>1</sup> 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.<sup>2</sup>

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

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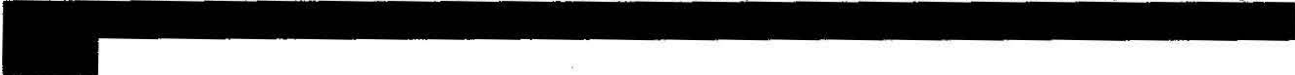
<sup>1</sup> World Health Organization (WHO), *Virtual Press Conference on COVID-19, March 11, 2020*, [https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-full-and-final-11mar2020.pdf?sfvrsn=cb432bb3\\_2](https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-full-and-final-11mar2020.pdf?sfvrsn=cb432bb3_2)

<sup>2</sup> 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>

PLEASE NOTE: This is a totally free flight for you. At no time, should any individual ask you for money or payment towards fees or accommodations.

Please complete the enclosed Medical form and Waiver and return to us as soon as possible. We need these prior to flight day.

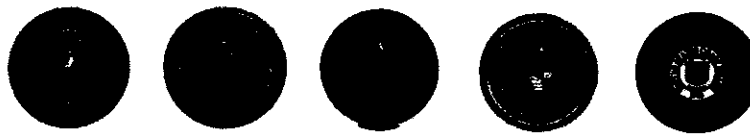
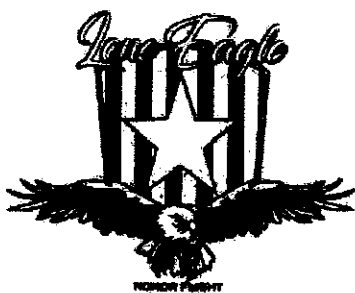
Further trip information can be found on the next page

- **You are responsible for your own transportation to and from Blount County Veterans Museum!**
- **Picture I.D. - Please bring a current ID for airport security. You must have it to board the plane.**
- **What to Wear - Dress in layers and comfortable non-slip shoes.** We are expecting a nice fall day of 65-75 degrees. Lone Eagle Honor Flight is providing you a t-shirt but we want to make sure you are appropriately warm/cool on your adventure. Layers allow you to take them off if the day warms up,  

- Breakfast will be served at Blount County Memorial Museum prior to departure. Lunch and dinner are provided in Washington D.C. during the day.
- Lone Eagle Honor Flight will provide you with a wheelchair if you need one. If you use a customized chair, your chair must be able to fold, have footrests and be clearly marked with your full name and phone number.
- Walkers are **not** permitted on the flight.
- If you use prescribed oxygen, please contact your physician, and forward your prescription to us prior to travel. We must have this no later than October 5<sup>th</sup>.
- Medication - Please bring a two-day supply of medication. We only plan to be gone 12 hours but we like to prepare for the unexpected

We look forward to meeting you and having a wonderful trip to Washington D.C. to see YOUR memorial. On behalf of the Lone Eagle Honor Flight team, THANK YOU for your service.

God bless you, and God bless America

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## FLIGHT DAY INFORMATION

18-Aug-21

Dear Honored Veteran

We are thrilled to confirm your seat on the Lone Eagle Honor Flight departing from **Birmingham Airport, Tuesday, October 19th**. This will be a very exciting flight, as you will be flying together with fellow veterans to see your memorial on that day.

Enclosed are your flight day details. Registration is at the Blount County Memorial Museum. Please arrive at your assigned time for check in. Once you have registered and pick up your breakfast, you will depart the museum, board the bus and get ready for your adventure.

**EXAMPLE:**

**3:00 am      Check In & Breakfast At Blount County Memorial Museum**

**4:00 am      Depart Blount County Memorial Museum**

**4:45 am      Arrive Birmingham Airport**

**4:45-5:30     Airline Check In and Bathroom**

**5:30 am      Board Plane**

**6:30 am      Depart Birmingham**

Switch from Central to Eastern Time

**9:35 am      Arrive Baltimore Maryland**

**9:35-10:30   Deplane, bathrooms and load bus**

**10:30-11:30   Travel to Washington D.C.**

**11:30-5:50 pm Tour Washington D.C.**

**Return to Baltimore                      5:50 pm**

**Bathrooms and board plane            6:30 pm**

**Depart Baltimore                         7:30 pm**

Change from Eastern to Central Time

**Arrive Birmingham                      8:30 pm**

**Meet families                              10:00 pm**

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