



Honoring Western North Carolina's Veterans – their courage, valor and sacrifice in WWII

A Service Project of Rotary District 7670



TO BE COMPLETED BY SPONSORING ROTARY CLUB

Club Name: _____

Club Champion: _____

Guardian Assigned: _____

Circle Preferred Flight: 5-7-2011 or 5-14-2011

Honor Air Veteran Questionnaire

Full Name as it appears on your driver's license or other Photo ID:

First: _____ Middle: _____ Last: _____

Nickname: _____ Phone #(s): _____

Address: _____

City, State, Zip: _____

Email Address: _____

Date of Birth: _____ Branch of Service: _____

Dates Served: _____

Tell Us A Little About Your WWII Service: _____

May We Release Your Name, Address, Photo, and/or Phone Number to Other Veterans, Trip Participants, or the Media?

Yes _____ No _____

Signature

Date

Health Questions:

Please circle “Yes” or “No” for the following questions:

- 1. Would you have a problem flying? Yes No
- 2. Do you have a problem with motion, sea, or air sickness? Yes No
- 3. Do you have breathing problems or use oxygen at any time? Yes No
- 4. Do you use a cane, walker, crutches, or wheelchair? Yes No
- 5. Do you have a history of epilepsy or seizure disorder? Yes No
- 6. Have you suffered a heart attack? Yes No
- 7. Do you suffer from diabetes? Yes No
- 8. Do you have allergies to any drugs? Yes No

9. **Please list the medications you are presently taking and how often you take them. (List any other medication on the back of this page):**

<u>Name of Medication:</u>	<u>Taken How Often</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10. **Name and telephone number of someone we can contact in case of an emergency while on the trip.**

If you answered "Yes" to any of questions 1-8 above, please continue and give details:

11. **PROBLEMS FLYING**: If you have problems flying, please describe below:

12. **PROBLEMS WITH MOTION SICKNESS**: Is your motion sickness controlled by medication? Yes No

13. **PROBLEMS BREATHING**:
Do you need oxygen? Yes No
If you need oxygen, how often do you use it? _____
Do you use a home nebulizer machine? Yes No
If you use a nebulizer, how often do you use it? _____
Do you use a hand held inhaler? Yes No
If you use a hand-held inhaler, how often do you use it? _____

14. **PROBLEMS WALKING**:
Do you use equipment to help you get around?
Cane? Yes No
Walker? Yes No
Crutches? Yes No
Wheelchair? Yes No

Would you have a problem walking the length of a football field? Yes No

If you have problems walking the length of a football field, what is the reason?

Lung Problems? Yes No
Arthritis? Yes No
Heart Problems? Yes No

How far can you walk without assistance? _____

15. **EPILEPSY OR SEIZURES**:

What type of seizures do you have:

Grand mal Yes No
Petit mal Yes No
Other Yes No

When was your last seizure? _____

If you know what triggers your seizures, please describe below:

16. HEART ATTACK:

If you have had a heart attack, what medication or medical support do you need?

17. DIABETES:

If you have diabetes, do you take medication or do you need other special medical support?

18. DRUG ALLERGIES:

If you have allergies to medicines, to which ones?

If you have additional comments about your health or anything you think we should know, please indicate below or attach another sheet:

HONOR AIR TOUR CONDITIONS & WAIVER OF LIABILITY

(Please read, sign and return one copy)

I, _____, am about to voluntarily participate as a passenger in various activities of HONOR AIR, a community service program of the Rotary Clubs of Rotary District 7670 (Western North Carolina) (hereinafter referred to as Honor Air). In consideration of valuable services provided in allowing me to participate in these activities, I, for myself and my heirs, administrators, executors, assigns, agents and successors, agree that the responsibility of Honor Air and Rotary District 7670 (and its member clubs) is strictly limited. Honor Air has organized certain travel services, including air and surface transportation, which Honor Air purchases or reserves from various commercial suppliers. The suppliers providing travel services for the Honor Air tour program are independent contractors and are not agents or employees of Honor Air or Rotary District 7670. Neither Honor Air nor Rotary District 7670 acts as agent for any party whatsoever. Honor Air and Rotary District 7670 are not responsible for the willful or negligent acts and/or omissions of such suppliers or of any air carrier, motorcoach line or their respective employees, agents, servants or representatives including, without limitation, their failure to deliver or their partial or inadequate delivery of services.

Furthermore, as a result of my participation in the activities of Honor Air, I agree that neither Rotary District 7670 nor any representative, officer or agent shall be liable for any accident, injury, property damage or personal loss to me in connection with any transportation or other travel services, or resulting directly or indirectly from any occurrences or conditions, including, but not limited to, acts of terrorism, war, defects in vehicles, breakdown in equipment, strikes, theft, delay or cancellation of, or changes in, itinerary or schedules.

Honor Air and Rotary District 7670 reserve the right to decline or not retain any person as a member of any tour or to cancel or alter the tour without notice. However, no person will be refused from participation in a tour based on race, sex, excess age, religion, disability or any other grounds for which refusal would violate any federal, state or, other governmental laws or regulations. Any provision of this Agreement that is prohibited or unenforceable in any jurisdiction, shall, as to such jurisdiction, be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions hereof, and any such prohibition or unenforceability shall not invalidate or render unenforceable any such provision in any other jurisdiction. I hereby authorize and give full consent to Honor Air and Rotary District 7670 to copyright or publish all photographs, movies, videos, or tape recordings in which I appear while a participant in any and all Honor Air programs. Honor Air and Rotary District 7670 may use or cause to be used the above described materials for any purposes without limitation or reservation.

I have read, understand, and agree to the above statement and waiver of liability and all written materials concerning this tour including, but not limited to, tour conditions, liability and tour cancellation.

Signature of Participant

Date: _____

Name of Participant and Address (Please Print)

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