Brookshire's WWII & Korean Heroes Flight

Veteran Application

Brookshire Grocery Company ("Brookshire's") wishes to recognize American World War II and Korean War veterans for their service, sacrifices and achievements by flying them to Washington, DC to see *THEIR* memorial at no cost. In order for Brookshire's to achieve this goal, guardians fly with the veterans on every flight providing assistance and helping veterans have a safe, memorable and rewarding experience. For what you and your comrades have given to us, please consider this a small token of appreciation from all of us at Brookshire's. For further information, please contact us at (903) 534-3112.

DATE ____/____/_____ Date application received by BGC _____/____/_____

NAME: _____ (As it appears on your picture ID for airline travel)

NAME YOU GO BY: _____ (If Applicable)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Day: _____ Evening: _____Cell Phone: _____

E-MAIL ADDRESS: _____ WEIGHT: _____ DOB: ___/___/_____

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

HOW DID YOU HEAR ABOUT BROOKSHIRE'S HEROES FLIGHT? _____

SERVICE HISTORY: Brand of Service: _____ Rank: _____

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

ACTIVITY DURING WWII or Korean War:

_____

_____

_____

_____

ALTERNATE CONTACT NAME (son, daughter, etc): _____

PHONE: _____ E-MAIL:_____RELATIONSHIP:_____

EMERGENCY CONTACT INFORMATION (someone available on the days you travel):

Name: _____ Relationship: _____

Address: _____

PHONE: Day: _____ Evening: _____Cell: _____

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. Photographic and video equipment may be used to memorialize and document Brookshire's Heroes Flight trips and events. Consequently your image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the event. I hereby release the photographer and Brookshire Grocery Company from all claims and liability relating to said photographs. I hereby give permission for my images captured during Heroes Flight activities through video, photo, or other media, to be used solely for the purposes of Brookshire Grocery Company 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 Brookshire Grocery Company does NOT provide medical care. I understand that I accept all risks associated with travel and other Heroes Flight activities and will not hold Brookshire Grocery Company responsible for any injuries incurred by me while participating in the Heroes Flight program.

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

PLEASE FILL OUT THE MEDICAL QUESTIONNAIRE ON THE NEXT PAGE AND RETURN THIS ENTIRE APPLICATION TO:

BROOKSHIRE'S HEROES FLIGHT
P.O. Box 1411
TYLER, TX 75710
ATTN: Sam Anderson

Phone: (903) 534-3112

EMAIL: SamAnderson@brookshires.com

MEDICAL: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFO IS FOR BROOKSHIRE'S WWII & KOREAN WAR HEROES FLIGHT AND MEDICAL PERSONNEL ONLY.

Do you use mobility equipment? YES _____ NO _____

If YES, please circle device: CANE WALKER WHEELCHAIR SCOOTER

MEDICATIONS (name and how often you take it):

MEDICATION TAKEN	HOW OFTEN?	MEDICATION TAKEN	HOW OFTEN?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 take medication for or have a history of mild, moderate or severe dementia? YES _____ NO _____

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 ureterostomy 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:

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