



Mail completed application to:  
**Rotary Club of Hardee County**  
 ATTN: Veteran Application, PO Box 1373, Wauchula FL 33873



### Veteran Application

Heartland Rotary Freedom Flights recognizes you, an American Veteran, for your sacrifices and achievements by flying you to Washington, DC to visit YOUR memorial. There is no cost to you. Top priority is given to WWII, Korean War, Vietnam War and terminally ill veterans from any era. For what you and your comrades have given to us, please consider this journey a small token of our respect and appreciation.

All Veterans are accompanied by a Guardian to provide assistance and help Veterans have a safe, memorable and rewarding experience.

Please contact Heartland Rotary Freedom Flights at [heartlandrotaryfreedomflights@gmail.com](mailto:heartlandrotaryfreedomflights@gmail.com) for further information and thank you for your service to our nation!

<b>Name:</b> <small>(As it appears on your ID for airline travel)</small>	Salutation	First	Middle	Last	Suffix	Nickname
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**Gender:**  Male  Female

**Address:**

City:	State:	ZIP:
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**E-Mail:**

Day Phone:	Alternative/Cell Phone:
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Date of Birth: (mm/dd/yyyy)

**Medical History**

Would you need assistance walking the length of a football field?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Can you walk up 7 bus steps with assistance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Do you use mobility equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
What do you use? (Check All that apply)	<input type="checkbox"/> Cane	<input type="checkbox"/> Walker	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Scooter
Please describe when you use Mobility Equipment:				

**Medication List (name and how often you use each)**

Medication	Dosage/Frequency	Medication	Dosage/Frequency

Dietary Restrictions/Considerations

Check if you have any of the following:

	Check, if Yes		Check, if Yes
COPD, Emphysema, Asthma	<input type="checkbox"/>	Urinary elimination problems	<input type="checkbox"/>
Use a CPAP Machine	<input type="checkbox"/>	Seizures	<input type="checkbox"/>
Inhaler or Nebulizer use	<input type="checkbox"/>	History of Falls, dizziness, fainting	<input type="checkbox"/>
Heart disease, chest pain	<input type="checkbox"/>	Joint replacement	<input type="checkbox"/>
Pacemaker, defibrillator, heart attack	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>

Stroke	<input type="checkbox"/>	Urostomy, colostomy	<input type="checkbox"/>
Kidney/Renal disease	<input type="checkbox"/>	Dementia, memory loss, Alzheimer's	<input type="checkbox"/>

Do you use oxygen at any time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How often do you use oxygen and flow rate?		

Other Health Concerns:	
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<b>COVID-19 Vaccination Received</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b><i>Vaccination currently is not mandatory but recommended. Proof of a negative COVID-19 test may be REQUIRED. Final determination of testing requirement will be made prior to the flight.</i></b>
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<b>General Information:</b>	
Weight (in pounds)	

How did you hear about Heartland Freedom Flights?	
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<b>Tee Shirt Size:</b>	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	<input type="checkbox"/> XXXL
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ALTERNATE CONTACT (son, daughter, etc.)	Name:		Relationship:	
	Phone:		E-Mail:	

<b>Emergency Contact Information (someone available at home the day you travel)</b>			
Name:		Relationship:	

Address:			
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City:		State:		ZIP:	
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Home Phone:		Work Phone:		Ext:		Cell Phone:	
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<b>Service History:</b>					
Branch of Service		Rank		Hometown (city & state where you entered service)	
<b>Service/ Conflict Timeframe</b>	(Check all conflicts that apply)	<input type="checkbox"/>	WWII: Dec 7, 1941 to Dec 31, 1946		
		<input type="checkbox"/>	Korean War: Jun 25, 1950 to Jan 31, 1955		
		<input type="checkbox"/>	Vietnam War: Feb 28, 1961 to May 7, 1975		
		<input type="checkbox"/>	Other/Operations Other Than War		

Your dates of service:	
Activity during your service:	
Type of Discharge:	

**PLEASE REVIEW CAREFULLY AND SIGN:**

The undersigned acknowledges and agrees that:

- As photographic and video equipment are frequently used to memorialize and document **Heartland Rotary Freedom Flights** trips and events, I understand images of Veterans and Guardians may appear in a public forum, such as the media or on a website, to acknowledge, promote or advance the work of **Heartland Rotary Freedom Flights**.
- I hereby release the photographer and **Heartland Rotary Freedom Flights** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Heartland Rotary Freedom Flights** activities through video, photo, or other media to be used solely for the purposes of **Heartland Rotary Freedom Flights** promotions and publications and waive any rights of compensations or ownership thereto.
- I further acknowledge that medical insurance is the responsibility of the Veteran and I understand that neither **Heartland Rotary Freedom Flights** nor the provider of aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other **Heartland Rotary Freedom Flights** activities and will not hold **Heartland Rotary Freedom Flights**, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of **Heartland Rotary Freedom Flights** responsible for any injuries I may incur while participating in the flight program.

Signature:		Date (mm/dd/yyyy):	
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