



FOR NEVER FORGOTTEN HONOR FLIGHT USE ONLY

L.N.: _____ D.R.: ____/____/____

MEDIA APPLICATION

The Never Forgotten Honor Flight would not be successful without the contributing efforts of our media. Media plays a significant role on every trip, to create stories that promote our cause and record history. For further information, please contact us at (715) 573-8519 or www.neverforgottenhonorflight.org. Thank you for your support!

YOUR NAME: _____

(Please List Your First, Middle & Last Name as it appears on your driver's license or government ID. This is important and required to board the plane.)

NICK NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DAY PHONE: _____ **EVENING:** _____ **MOBILE:** _____

E-MAIL: _____ **AGE:** _____ **DOB:** _____ **GENDER:** M F

OCCUPATION: _____ **ARE YOU A VETERAN?** YES NO

If a veteran, please indicate BRANCH of service, and WHEN and WHERE you served:



1. Please list one (1) personal reference:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-Mail: _____ Phone (day): _____ (evening): _____

2. Please list one (1) emergency contact:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-Mail: _____ Phone (day): _____ (evening): _____

3. Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of media. Also, please list any medications being taken and how often. _____

4. T-Shirt Size: (S, M, L, XL, XXL, XXXL) _____

5. Please note any medical experience you may have (e.g., EMT, CPR, Paramedics),



PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **Never Forgotten Honor Flight** 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 **Never Forgotten Honor Flight** program. I hereby release the photographer and **Never Forgotten Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Never Forgotten Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **Never Forgotten Honor Flight** 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 media and I understand that neither Never Forgotten Honor Flight nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Never Forgotten Honor Flight Network activities and will not hold Never Forgotten Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Never Forgotten Honor Flight responsible for any injuries incurred by me while participating in the Never Forgotten Honor Flight program.
3. The Never Forgotten Honor Flight has waived the \$500 fee normally charged to "non Veterans" on the flight because we feel your media coverage significantly assists us in getting our message out to Veterans and potential donors/sponsors. However, some media organizations have made financial donations to sponsor a Veteran in the past.

SIGNATURE *: _____ DATE: ____/____/____
(E-mail applicants will be required to sign prior to actual trip date) (Day Month Year)

* If under 18, a parent/guardian must also sign and date below.

SIGNATURE: _____ DATE: ____/____/____
PARENT/GUARDIAN

Please submit this form to: Never Forgotten Honor Flight, Inc.

ATTN: Media Application

4404 Rib Mountain Drive #234

Wausau, WI 54401 Or e-mail to: info@neverforgottenhonorflight.com

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