

All participants will receive a "Commemorative" T-Shirt at the airport that must be worn during the trip.

Please indicate size: Med \_\_\_ LG \_\_\_ XLG \_\_\_ XLG \_\_\_ XXXLG \_\_\_

APPLICATION FOR AMVETS POST 99 VETERANS SERVING  
VETERANS FLIGHT IV SEPTEMBER 23, 2010

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_ PHONE \_\_\_\_\_

AGE \_\_\_ VET OF (WWI I) ( KOREAN) ( VIETNAM) (DESERT STORM)

MAIL TO:

Commander  
Donald Dearing  
AMVETS Post 99  
2840 Lafayette Rd.  
Indianapolis, IN 46222-2148

EMERGENCY CONTACT

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_

EXISTING HEALTH CONDITION

HEAR \_\_\_ FREQUENT COLDS \_\_\_ ASTHMA \_\_\_ DIABETES \_\_\_  
OTHER \_\_\_\_\_ NAME MEDICATION THAT  
MUST BE TAKEN (USE OTHER SIDE IF NEEDED)

CIRCLE IF USE CANE, WHEELCHAIR, SCOOTER, WALKER

DO YOU HAVE HEALTH INSURANCE YES \_\_\_ NO \_\_\_ NAME \_\_\_\_\_  
ADDRESS/PHONE \_\_\_\_\_ POLICY # \_\_\_\_\_

LIABILITY RELEASE

By signing this form the applicant agrees to assume and accept all risks and hazards inherent in AMVETS POST 99 FLIGHT IV activities. They agree not to hold the National AMVETS Organization, Amvets Post 99 (or any part thereof) or its employees or volunteer assistants liable for damages, losses or injuries to the applicant or their property. The applicant understands that their signature is for both a MEDICAL AND LIABILITY RELEASE.

MEDICAL RELEASE

In the event of an emergency during the dates specified on this form I hereby give my permission to the physician or dentist selected by Amvets Post 99 to hospitalize, to secure proper treatment and/or injections, anesthesia, or surgery for as deemed necessary

Signature \_\_\_\_\_ Date \_\_\_\_\_ I AM APPLYING AS A  
(VETERAN) I AM APPLYING AS A GUARDIAN FOR \_\_\_\_\_