



BUCKS COUNTY TOUR OF HONOR

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VETERAN APPLICATION

Bucks County Tour of Honor's mission is to thank and pay tribute to our United States Military Veterans by transporting them, as our guest, to Washington DC to visit the memorials built in their honor. For this trip we are accepting **Vietnam Era Veterans** whose service dates fall between February 28, 1961 through May 7, 1975. For further information please contact us at 267-614-0720 or at buckscountytourofhonor@gmail.com. Please return completed application to: **Bucks County Tour of Honor, P.O. Box 689, Doylestown, PA. 18901**

Your Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ email: _____

Date of Birth: _____ Weight: _____ Tee Shirt Size: _____

Service History:

Branch of Service: _____ Rank: _____ Dates of Service: _____

Country(ies) where you served: _____

Activity during wartime: _____

Spouse Contact:

Name: _____ Phone: _____ Cell: _____

Emergency Contact: (Someone available the day that you travel, other than your spouse)

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____

If you wish to travel with an eligible veteran friend please ask him/her to complete a veteran application. In addition please include your friend's name and phone number below.

Friends Name: _____ Friends Phone: _____

Your Medical Information:

Medical information listed below is for Bucks County Tour of Honor and medical personnel use only and is handled with complete confidentiality. Information provided will not disqualify you. It allows us to access the support we need to provide during the trip, and to have your medical information available on the day of the trip.

Do you use mobility equipment? Yes No If yes, which of the following: Cane Walker Wheelchair

Will you be in need of any special assistance during the trip, wheelchair lift, etc? Yes No If yes please explain

Medications: please list or attach list

Medication	How often taken	Dose/Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any known drug allergies? Yes No If yes, please list: _____

Do you feel you can walk at least 200 feet without assistance? Yes No If no, please describe the reason you cannot: _____

Do you have a history of seizures? Yes No If yes describe type (grand mal, petit mal, other) _____

When was your last seizure? _____ If within the past 5 years, we advise you to discuss this trip with your private physician

Do you suffer from motion sickness while riding? Yes No If yes, is it controlled with medication? Yes No
If motion sickness is not controlled with medication, we advise you to discuss this trip with your private physician

Do you have aurostomy or colostomy bag? Yes No

Do you have diabetes? Yes No If yes, injected or oral? _____ Does your medication require refrigeration? _____

Do you have breathing problems? Yes No If yes, please describe _____

Do you use a nebulizer? Yes No If yes we advise you to discuss this trip with your private physician

Do you require daily oxygen use? Yes No If yes please describe your needs: _____

Please Review Carefully and Sign and Date:

A Covenant Not to Sue and Indemnification Agreement

I, _____, am about to voluntarily participate in various activities involved with Bucks County Tour of Honor. In consideration of Bucks County Tour of Honor permitting me to participate in these activities, I, for myself, my heirs, administrators, executors and assigns, hereby covenant and agree that I will never institute, prosecute, or in any way aid in the institution or prosecution of, any demand, claim or suit against the Bucks County Tour of Honor for any destruction, loss, damage or injury (including death) to my person or property, whether or not now known or foreseeable, which may occur from any cause whatsoever as a result of my participation in the activities of the Bucks County Tour of Honor.

If I, my heirs, administrators, executors, or assigns should demand, claim, sue or aid in any way in such a demand, claim or suit against the released parties in connection with my participation in the activities of Bucks County Tour of Honor, I agree, for myself, my heirs, administrators, executors and assigns to indemnify the released parties for all damages, expenses, and costs it may incur as a result thereof.

I know, understand, and agree that I am freely assuming the risk of my personal injury, death or property damage, loss or destruction that may result while participating in the Bucks County Tour of Honor activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of the released parties.

I also understand and agree that I may be held liable for any damages or loss to the Bucks County Tour of Honor which is caused by my gross negligence, willful misconduct, dishonesty or fraud for limited damages or loss to the Bucks County Tour of Honor which is caused by my simple negligence.

Photographic and video equipment will be in use during the Bucks County Tour of Honor activities. These photographs and video images may (or may not) be used by Bucks County Tour of Honor for promotions and publicity purposes.

I hereby release the photographer and Bucks County Tour of Honor from all claims and liability relating to said photographs and video images. I hereby grant permission for any images captured during Bucks County Tour of Honor events through photo, video, or any other media, to be used solely by Bucks County Tour of Honor for the purpose of promotions and publications. Additionally, I waive any rights to royalties or other compensation, now or in the future, in connection with the use of any of these photographs or video.

I further acknowledge and understand that the term Bucks County Tour of Honor includes the non-profit organization known as Bucks County Tour of Honor, and any officer, employee and/or agent thereof, as well as the County of Bucks, its employees, agents and any supporting operator.

I further acknowledge that I am responsible for my own medical insurance coverage and that Bucks County Tour of Honor does not provide medical care or coverage.

I have read this agreement/release before signing below, and I fully understand the contents, meaning and impact of the release.

Signature: _____ Date: _____

Printed Name: _____

