

[Attachment 1]

THE MINISTRY OF PATRIOTS AND VETERANS AFFAIRS

RELEASE AND WAIVER OF LIABILITY AGREEMENT

We, the undersigned, by accepting the invitation of the Ministry of Patriots and Veterans Affairs (MPVA) of the Republic of Korea to participate in the 2022 Revisit Korea Program, agree to the following terms and conditions:

The MPVA shall not be held liable nor responsible in any way in connection with any means of transportation or other services, or for any loss, injury, or damage to, or in respect of, any person or property howsoever arising, nor be responsible for damages arising from the default of a tour operator/carrier, lost/damaged baggage, trip cancellation, bad weather, natural disaster, or any other acts of God.

Veteran (or Bereaved Family Member)

Name _____ **Signature** _____ **Date** _____

Companion

Name _____ **Signature** _____ **Date** _____

[Attachment 2]

Veteran Roster

Attending Month					
Full Name: Mr. / Mrs. / Ms. (please circle)				Date of Birth	
Address					
Email			Phone Number		
Passport <u>(Please attach a copy)</u>	Number		Expiration Date		
Emergency Contact Information	Name		Relationship		
	Email		Phone Number		
Language Ability	e.g.) English, French				
Korean War Service Period (yymmdd-yymmdd)			Branch / Unit		
Service Number		Rank		Major Battle	
Have you been awarded an Ambassador for Peace Medal by the MPVA?				Yes No (please circle)	
<p><u>Health Status:</u></p> <p>Have you consulted with a doctor who confirmed that you are healthy enough to travel overseas? Yes No (please circle)</p> <p><u>Medical Insurance (please attach a copy) * Travel insurance is mandatory:</u></p> <p>Insurance Company or Policy Name:</p> <p>Contact Information:</p> <p>Policy Number:</p> <p><u>Blood Type and Dietary or Physical Restrictions:</u></p> <p>Medication Allergies:</p> <p>Food Allergies:</p>					

Family Member/Companion Roster

((Bereaved) Family Member / Companion)

Attending Month					
Full Name: Mr. / Mrs. / Ms. (please circle)		Relationship to the Veteran		Date of Birth	
Address					
Email		Phone Number			
Passport (Please attach a copy)		Number		Expiration Date	
Emergency Contact Information		Name		Relationship to the Veteran	
		Email		Phone Number	
Language Ability		e.g.) English, French			
Veteran's Name		Veteran's DOB			
Veteran's Status		<input type="checkbox"/> MIA / <input type="checkbox"/> KIA / <input type="checkbox"/> Deceased			
Veteran's Korean War Service Period (yyymmdd-yyymmdd)		Branch / Unit			
Service Number		Rank		Major Battle	
Has your family been awarded an Ambassador for Peace Medal by the MPVA?				Yes No (please circle)	
<p><u>Health Status:</u></p> <p>Have you consulted with a doctor who confirmed that you are healthy enough to travel overseas? Yes No (please circle)</p> <p><u>Medical Insurance (please attach a copy) * Travel insurance is mandatory:</u></p> <p>Insurance Company or Policy Name:</p> <p>Contact Information:</p> <p>Policy Number:</p> <p><u>Blood Type and Dietary or Physical Restrictions:</u></p> <p>Medication Allergies:</p> <p>Food Allergies:</p>					

[Attachment 3]

Medical History Form

(Veteran / (Bereaved) Family Member / Companion)

Name: _____ Date of Birth: _____

Emergency Contact: _____ Phone & Email: _____

Medication Allergies: _____ Food Allergies: _____

I use a cane or a walker. (please circle) Wheelchair needed? Yes _____ No _____

I can walk less than 5 min. / less than 10 min. / longer than 15 min. (please circle)

Blood Type: _____

Major Illnesses: _____

MEDICATIONS: *Please bring your medications in their **original bottles** and pack them in your CARRY-ON luggage.*

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Respiratory Problems: Yes _____ No _____ Need or use oxygen: Yes _____ No _____

List any other medications and/or other major health concerns: _____
_____ (continue on another sheet if necessary)

[Attachment 4]

Consent to Collection and Use of Personal Information

* Please carefully read the following and write your initials in the boxes provided if you agree.

1. Collection and Use of Confidential Information

[Collection of Personal Information]	<input type="text"/>
For the purposes of managing the veterans who participate in the Revisit Korea Program, the MPVA collects the following personal information: name, date of birth, address, contact details, passport number, military unit and rank, photos, and health conditions.	
[Use of Personal Information]	<input type="text"/>
The MPVA uses the information provided for:	
<input type="radio"/> Program Operation and Management	
- Coordinating the Revisit Korea Program schedule and confirming veterans' health status	
- Other programs carried out to honor the veterans' sacrifices and dedication	
<input type="radio"/> Veteran Registration and Management	
[Retention Period of Personal Information]	<input type="text"/>
<input type="radio"/> All documents containing personal information are destroyed as soon as it is reasonable to assume that the purpose for which the personal information was collected is no longer being served by retention of the personal information, except for the following personal information:	
- name, date of birth, and address	
- retention period: permanent	
- <i>purpose: to eliminate veterans who have already participated in the Revisit Korea Program from the list of invitees for the next program</i>	
[Right to Refuse to Consent]	<input type="text"/>
If you do not wish to provide your personal information, the MPVA will not collect it.	
However, if you do not agree to the collection of personal information as outlined in this document, you will be ineligible to participate in the program.	

2. Consent to Processing of Sensitive Personal Information

The MPVA processes sensitive personal information (health conditions, including diseases and medications) for the following purpose:

- to confirm veterans' health status

All confidential information provided is used only for the purposes for which it was collected, and will not be used for any other purposes without prior consent.

3. Consent to Processing of Personal Identifying Information

The MPVA collects personal identifying information (passport number) for the purposes of providing the following services related to the Revisit Korea Program:

- flight ticket reservation
- hotel reservation

4. Consent to Sharing Personal Information with Third Parties

The MPVA shares the personal information provided with the contracted travel agency and hotel assisting the Revisit Korea Program team in managing veterans during their visit.

1. Third parties: travel agency and hotel
2. Information shared: name, passport number, contact information
3. Purpose: management of visiting veterans
4. Retention period: during the time the veterans are participating in the program (after the program, all documents containing personal information will be destroyed)

[Attachment 5]

Veteran's (or Family Member's) Comments

Please share your valued comments on the following questions about your (or your family member's) service during the Korean War.

What major battle/battles did you (or your family member) participate in during the Korean War?

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Do you have any special stories about your (or your family member's) participation in the Korean War?
* Please be specific.

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How do you feel about visiting Korea again (or for the first time after the war, or for the first time ever)?
* Please be specific.

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