

For Honor Flight Use Only: Last Name: _____ Date Received: _____



Lone Eagle Guardian Application

Honor Flight would not be successful without the generous support of our guardians. Guardians play a significant role on every trip, ensuring that every veteran has a **safe** and memorable experience. Duties include physically assisting the veterans at the airport, during the flight, and at the memorials. Guardians are also responsible for a donation of \$500 to partially cover their own expenses (airline, hotel, etc.). **Thank you** for your support.

YOUR NAME: _____ **PREFERRED NAME:** _____

(Use your full name as it appears on your driver's license or government ID)

GENDER: ___ M ___ F

ADDRESS: _____

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

PHONE: Day: _____ Evening: _____ Cell: _____

EMAIL: _____ **AGE:** _____ **DOB:** _____

GENDER (circle one): M F **SHIRT SIZE: (S, M, L, XL, XXL, XXXL)** _____

OCCUPATION: _____

ARE YOU A VETERAN? ___ Y ___ N **If YES, Branch of Service and When & Where you served?** _____

EMERGENCY CONTACT INFORMATION (Someone available when you travel)

NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____ **STATE:** _____

PHONE: DAY _____ **EVENING:** _____ **CELL:** _____

Please identify the city(ies) from which you would be able to fly as a guardian. For a list of active cities, visit "Regional Honor Flight Hubs" on our website at <https://www.honorflight.org/regional-honor-flight-hubs/>

City(ies) _____

Are you requesting to travel with a specific Veteran? Yes: _____

Name of Veteran: _____

If yes, Guardian application must be on file before Veteran is notified of flight date. (Please note that a completed Veteran application must be submitted also.)

Are you able to push a Veteran in a wheelchair up a slight incline? ___ Yes ___ No

Are you able to walk 7 miles while pushing a wheelchair with 200 lbs throughout a 10-12 hour day? ___ Yes ___ No

Can you lift 100 pounds? ___ Yes ___ No

Please identify any physical disabilities, restrictions, and/or medical conditions that would limit your ability to fulfill the duties of a Guardian.

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document 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 Honor Flight program. I hereby release the photographer and Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight activities through video, photo, or other media, to be used solely for the purposes of 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 veteran and I understand that neither 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 Honor Flight Network activities and will not hold Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNED: _____ **DATE:** _____

Submit form to: Bobbie Bradley
52666 Buckhorn Rd
Three Rivers, MI 49093

Or Email to: eagle@honorflight.org
Or Fax to: 318-314-2032