



GUARDIAN APPLICATION



Guardians play a significant role on every Honor Flight® of West Central Florida, Inc. Mission, ensuring that every Veteran has a **safe** and memorable experience. The one-day trip flies from the St. Pete/Clearwater Airport to Baltimore Washington Airport and returns to the St. Pete/ Clearwater Airport that evening.

Duties include, but not limited to, physically assisting the Veterans at the airport, during the flight and at the memorials. **Guardians must be between 18 and 70 years of age and CANNOT be the spouse/significant other of the Veteran.** Guardians are required to pay their own expenses (airline fare, etc.) directly to Honor Flight of West Central Florida in the amount of \$500 and be willing and able to walk long distances, push a Veteran in a wheelchair, experience possible heat, cold, wetness, and support a 20+ hour day. For further information, please contact us at info@HonorFlightWCF.org or call 727-498-6079. Thank you for your support.

Please note: Vaccinations against COVID 19 are required to participate on an Honor Flight.

YOUR NAME: _____ NICK NAME: _____ SEX: _____
 First *Middle* *Last*

(Name must match photo ID with D.O.B. for airline travel – Driver's License, passport, VA ID card, etc.)

ADDRESS: _____

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

PHONE: _____ CELL PHONE: _____

E-MAIL: _____ Date of Birth: _____

**REQUIRED (MM/DD/YYYY)*

YOUR SHIRT SIZE: Small Medium Large Extra Large (XL) XXL XXXL

EMERGENCY CONTACT INFORMATION (SPOUSE OR OTHER, NOT VETERAN ON FLIGHT):

NAME: _____ RELATIONSHIP: _____

PHONE: _____ CELL PHONE: _____

ALTERNATE EMERGENCY CONTACT INFORMATION (NOT SPOUSE OR VETERAN ON FLIGHT):

NAME: _____ RELATIONSHIP: _____

PHONE: _____ CELL PHONE: _____

Please note any medical experience you have (e.g., MD, RN, LPN, EMT, CPR, Paramedic, etc.):

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

FOR HONOR FLIGHT OF WEST CENTRAL FLORIDA USE

Did you or are you currently serving in the military? Yes No

If YES, please complete the following:

I am a: Active Duty Vietnam War Veteran Gulf War Veteran Other: _____

BRANCH OF SERVICE: _____ DATES SERVED: _____

THEATER(S) WHERE YOU SERVED: _____

ACTIVITY DURING YOUR SERVICE: _____

PLEASE LIST ONE (1) PERSONAL REFERENCE:

NAME: _____ RELATIONSHIP: _____

EMAIL: _____ PHONE: _____

MAY WE CONTACT YOU IN THE FUTURE ABOUT HONOR FLIGHT EVENTS/ACTIVITIES? YES NO

VETERAN INFORMATION

To help ensure a safe and memorable experience, Honor Flight assigns each Veteran his/her own personal Guardian for the day. If there is specific Veteran you would like to travel with, please list that Veteran's contact information below. The Veteran Application found at www.honorflightwcf.org must be completed by your potential Veteran and submitted with your Guardian Application to assure consideration, however selection is NOT guaranteed. **If you are the spouse/significant other of the requested Veteran, you are NOT eligible to be his/her Guardian.**

REQUESTED VETERAN NAME: _____

PHONE: _____ RELATIONSHIP: _____

ADDITIONAL COMMENTS/CONCERNS: _____

PLEASE REVIEW CAREFULLY AND SIGN.

The undersigned acknowledges and agrees that:

1. As photographic and video equipment is frequently used to document Honor Flight trips and events, my 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 any photographer/videographer and Honor Flight from all claims and liability relating to said photographs/videos. 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 understand that I may be featured on news reports or in photographs or video taken by media or news outlets. I understand I have the right to consent/not consent to an interview with any news outlet. I understand that Honor Flight will NOT provide my name, address, telephone number, or any other personal information to any news or media outlet personnel.
3. I understand that Honor Flight will not provide my address, telephone number or any personal information to anyone without my permission or without permission from the Board of Directors of Honor Flight.
4. I understand that medical insurance is the responsibility of the individual passenger and I understand that Honor Flight does NOT provide medical insurance or travel insurance. I understand that Honor Flight personnel do NOT provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.
5. I agree that I will furnish payment in full to Honor Flight by **no later than fourteen (14) days** prior to the departure of the flight to which I am assigned. I understand that failure to furnish payment by that deadline may result in my being removed from the flight. I understand that Honor Flight cannot accept any Guardian payment from any assigned Veteran being honored on the flight.

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

*****YOUR PAYMENT MUST BE RECEIVED WITHIN 14 DAYS
PRIOR TO YOUR ASSIGNED ORIENTATION DATE TO BE ELIGIBLE***
Your Guardian fee CANNOT be paid for by your Veteran!**

Please submit these completed and signed forms to:

**Honor Flight of West Central Florida
P.O. Box 55661
St. Petersburg, FL 33732**



Guardian Covenant Not To Sue and Indemnity Agreement



I agree to voluntarily participate in various activities including, but not limited to, a round-trip flight arranged by Honor Flight of West Central Florida, Inc. (“Honor Flight”). In consideration of this organization 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 Honor Flight for any destruction, loss, damage or injury (including death) to my person or property which may occur from any cause whatsoever as a result of my participation in the activities of Honor Flight.

If I, my heirs, administrators, executors or assigns should demand, claim, sue or aid in any way in such a demand, claim or suit, I agree, for myself, my heirs, administrators, executors, and assigns to indemnify Honor Flight 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 Honor Flight activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of Honor Flight.

I understand and agree that I may be held liable for any damages or loss to Honor Flight which is caused by my gross negligence, willful misconduct, dishonesty or fraud and for limited damages or loss to Honor Flight which is caused by my negligence.

I further understand that Honor Flight organization includes the non-profit organization known as Honor Flight of West Central Florida, Inc. and any officer, director, agent and/or employee thereof.

DATE	SIGNATURE	DATE OF BIRTH
PRINT NAME		
SIGNATURE OF HONOR FLIGHT OFFICIAL		

Please submit this completed and signed form to:

**Honor Flight of West Central Florida
P.O. Box 55661
St. Petersburg, FL 33732**

Guardian Medical Information

The purpose of this form is to provide Honor Flight® of West Central Florida and/or emergency medical technicians information about the participants should an emergency arise.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____

PLEASE NOTE: Vaccinations against COVID 19 are required to participate on an Honor Flight.

Have you received the COVID -19 Vaccinations? YES _____ NO _____

Have you received the COVID-19 Booster? YES _____ NO _____

Known allergies: _____

Known medical conditions: _____

Prescription Medications:

Name of Medication	What for?	Name of Medication	What for?
1		4	
2		5	
3		6	

EMERGENCY CONTACT INFORMATION:

In case of an emergency, please list the name, address and phone number of the person(s) you would like Honor Flight West Central Florida to contact on your behalf.

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

Thereby authorize the Honor Flight West Central Florida organization, its officers, employees, members, participants, users and/or volunteers, to take the action they believe is appropriate in an emergency situation. Further, I agree to indemnify and hold harmless the Honor Flight West Central Florida organization, any officer, employee, member, participant, user and/or volunteer thereof, against any claim(s) arising out of said emergency care.

Signature _____ Date _____