

Screaming Eagle Honor Flight Guardian Application

FOR HONOR FLIGHT USE ONLY: LAST NAME: _____ DATE RECEIVED: _____

_____/_____/_____

MEDICAL TRAINING YES NO DATE COMPLETED GUARDIAN TRAINING ____/____/_____

----- Do Not Write Above This Line for Honor Flight Use Only -----

Honor Flights 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 veteran at the airport, during the flight and at the memorials. Guardians are also responsible for their own expenses (airline fare, etc.) For further information contact us at 931-920-6364 or screamingeaglehf@charter.net . Thank you for your support.

PART 1 – GENERAL & CONTACT INFORMATION

Name: _____		Nickname: _____	
(Please List Your First, Middle & Last Name as it appears on your driver's license or government ID.) (If Applicable)			
Address: _____		Gender: M ___ F ___	
City: _____	County: _____	State: _____	ZIP: _____
Phone: Day: ____-____-____	Evening: ____-____-____	Cell Phone ____-____-____	
E-Mail Address: _____	Age: ____	DOB: ____/____/____ <small>Month Day Year</small>	
Occupation: _____	Are You A Veteran? YES ___ NO ___?		
If a veteran, please indicate Branch of service and when and where you served: _____			

1. How did you learn about Honor Flight organization? _____

2. Why are you volunteering for Honor Flight? _____

3. Please list any prior volunteer experience: _____

4. Please list at least one (1) personal reference:

Name: _____	Relationship to applicant: _____	
Address: _____		
City/State/Zip: _____		
Phone: Day: ____-____-____	Evening: ____-____-____	Cell Phone ____-____-____
E-Mail Address: _____@_____		

5. Emergency Contact Information: (someone available the day you travel)

Name: _____	Relationship to applicant: _____	
Address: _____		
City/State/Zip: _____		
Phone: Day: ____-____-____	Evening: ____-____-____	Cell Phone ____-____-____
E-Mail Address: _____@_____		

6. Are you requesting to travel with a specific veteran? YES___ NO___?

If yes, please name the veteran: _____
(Please note that a completed veteran's application must be submitted separately)

7. Are you able to push veteran in a wheelchair up a slight incline? YES___ NO___

8. Can you lift 100 pounds? YES___ NO___

9. Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian. Also please list any medications being taken and how often. _____

10. Tee/Polo Shirt Size: (S M L XL XXL XXXL) Circle Your Size

11. Please note any medical experience you may have (e.g. EMT, CPR, Paramedic, Combat Lifesaver School, Basic red Cross First Aid Class etc.) _____

Important Notice!

Honor Flight Inc. has ruled that a spouse may not serve as Guardian or accompany their Veteran on an Honor Flight unless the spouse is also a veteran of the war or conflict being served.

However any other members of the veterans' family may serve as their Guardian provided they pay the current fees to be a Guardian. Guardian application must accompany Veterans application. If Veteran has already submitted an application please contact us immediately!

You will be contacted when selected and given the flight date for which you have been selected for. Guardian training dates will be announced at the beginning of each year. We will attempt to have 3 or 4 Guardian training events a year at various locations. Completion of Guardian training does not necessarily mean you will be selected, it makes you eligible to be selected. Guardian training is mandatory. Failure to attend Guardian training will result in you not being eligible to serve as a Guardian. You will still remain on our Guardian Waiting List.

Accommodations will be made for those that live more than 90 miles away from any Guardian Training Site with online training or by mail.

When selected you will be given the No Later Than date that your Guardian fee is due to Screaming Eagle Honor Flight. If not received by the due date you will be replaced as Guardian unless prior arrangements have been made and agreed upon. Your Guardian fee is a tax deductible donation and you will receive a receipt letter for it.

Do you know what the current fee to serve as Guardian is? YES___ NO___

Are you able to pay that amount now? YES___ NO___

If you are not selected you will also be contacted to see if you would like to remain on the list for one of our upcoming flights.

The Guardian fee is refundable provided the cancelation is made more than 72 hours or more prior to the flight. Certain exceptions (very few) can be made for cancelations due to medical and some family emergencies made less than the 72 hour time frame.

Important Notice, Continued

For more information contact us at:

Screaming Eagle Honor Flight Phone

PO Box 20075

Clarksville, TN 37042

931-920-6364

Screamingeaglehf@charter.net

PART 2 : SIGNATURE

PLEASE REVIEW CAREFULLY AND SIGN: The undersigned acknowledges and agrees that:

1. I, _____, am about to voluntarily participate in various activities, including (but not limited) to flying activities, of the Honor Flight™ Inc., as passenger. In consideration of (i) the Honor Flight™ Inc. permitting me to participate in these activities and (ii) the entity providing free aircraft and flight service in connection with the Honor Flight™ activities (the "Flight Provider"), 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 Honor Flight™ Inc. (including the organization known as The Honor Flight™ Network) or against the Flight Provider (collectively, the "Released Parties") 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 Honor Flight™ Inc. organization.

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 the Honor Flight™ Inc. organization, 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 Honor Flight™ Inc. 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 Honor Flight™ Inc. organization or to the Flight Provider which is caused by my gross negligence, willful misconduct, dishonesty or fraud and for limited damages or loss to the Honor Flight™ Inc. organization or the Flight Provider which is caused by my simple negligence.

I further understand that the term Honor Flight™ organization includes the non-profit organization known as Honor Flight™, any officer, agent and/or employee thereof. I further understand that the term Flight Provider includes any director, officer, agent, attorney, employee or affiliate thereof and any pilot, aircraft owner or others providing services to the Flight Provider.

I understand and acknowledge that I may seek advice from legal counsel before signing this release. By signing this release, I acknowledge that either I have sought the advice of legal counsel or wish to now waive the opportunity to consult a lawyer before signing this release.

2. I further state that medical insurance is the responsibility of the Guardian 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.

____/____/____ | **X** _____ | _____
DATE GUARDIAN SIGNATURE SIGNATURE OF HONOR FLIGHT OFFICIAL

* If Guardian Applicant is under 18, a parent or guardian must also sign and date below:

____/____/____ | **X** _____
DATE PARENT OR GUARDIAN SIGNATURE

3. As photographic and video equipment are frequently used to memorialize and document Honor Flight™ trips and events, his or her image may appear in a public forum, such as the media or 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 media, to be used solely for the purposes of Honor Flight™ promotional material and publications, and waive any rights or compensation or ownership thereto. I authorize Honor Flight™ Inc. officials to release my contact information (home phone and address) to other requesting individuals who participate in the same flight for purposes of communication and camaraderie with other participants.

Please circle one and initial: YES NO Initials **X**_____

Please submit this form to:

**Screaming Eagle Honor Flight
ATTN: Guardian Application
P.O. Box 20075
Clarksville, TN 37042**