



# Honor Flight Philadelphia Guardian Application 2020



**Please read and initial the following prior to filling out this application.**

Guardians play a significant role in insuring a safe and memorable experience for each veteran. In order to be considered for the guardian position, **the applicant must be over 18 years old, physically fit and willing to push a wheel chair all day.** We ask, if possible, that the guardians make a \$150.00 donation to Honor Flight Philadelphia to help cover a portion of the expenses.

**Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Your Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E Mail: \_\_\_\_\_

Phone: (P) \_\_\_\_\_ Phone: (C) \_\_\_\_\_

Birth day: \_\_\_\_/\_\_\_\_/\_\_\_\_ Shirt Size: \_\_\_\_\_

Are you a veteran?  Yes  No

If yes, please indicate branch and where/when served \_\_\_\_\_

How did you learn about Honor Flight Philadelphia? \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you requesting to travel with a specific veteran, if possible? Yes No

If yes, please name the veteran: \_\_\_\_\_

**(This veteran must submit a Veteran Application)**

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

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Please list any medical experience you may have. (e.g. EMT, CPR, Paramedic, etc.)

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**Please Review Carefully and Sign:**

The undersigned acknowledges and agrees that:

As photographic and video equipment are frequently used to memorialize and document Honor Flight Philadelphia 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 Philadelphia program. I hereby release all media creators and Honor Flight Philadelphia from all claims and liability relating to said media. I hereby give permission for my images captured during Honor Flight Philadelphia activities through video, photo, or other media, to be used solely for the purposes of Honor Flight Philadelphia promotional material and publications and waive any rights of compensation or ownership thereto.

I state that medical insurance is my responsibility and I understand that Honor Flight Philadelphia does not provide medical care. I understand that I accept all risks associated with travel and other Honor Flight Philadelphia activities and will not hold Honor Flight Philadelphia responsible for any injuries or illness incurred by me while participating in the Honor Flight Philadelphia program.

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If, after your day traveling with us and supporting our veterans, you wish to work with us to spread the word about Honor Flight Philadelphia, we would very much welcome your help. Please be aware that we have presentation guidelines to assist HFP in promulgating our message to the veteran community and to the community at large. Your signature below represents your agreement to abide by our guidelines and policies for presentation in the event you join us as a volunteer.

Please contact us at: [info@honorflightphiladelphia.org](mailto:info@honorflightphiladelphia.org)

Print your name and sign below it: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Please print and submit this form to: Honor Flight Philadelphia  
Attn: Guardian Application  
P.O. Box #003  
Broomall, PA 19008

**A COVENANT NOT TO SUE AND INDEMNIFICATION AGREEMENT**

I, \_\_\_\_\_, am about to voluntarily participate in various activities, including (but not limited) to flying activities, of the Honor Flight Philadelphia, Inc. and Honor Flight(TM) Inc., as passenger. In consideration of (i) the Honor Flight Philadelphia, Inc. and Honor Flight (TM) Inc. permitting me to participate in these activities and (ii) the entity providing free aircraft and flight service in connection with the Honor Flight Philadelphia, Inc. and Honor Flight (TM) Inc. 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 Philadelphia, Inc. and Honor Flight (TM) 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 Philadelphia, Inc. and Honor Flight (TM) Inc. organizations.

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 Philadelphia, Inc. and Honor Flight (TM) 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 Philadelphia, Inc. and Honor Flight (TM) 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 Philadelphia, Inc. and Honor Flight (TM) 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 Philadelphia, Inc. and Honor Flight (TM) Inc. organization or the Flight Provider which is caused by my simple negligence.

I further understand that the term Honor Flight Philadelphia, Inc. and Honor Flight (TM) Inc. 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.

DATE	SIGNATURE
SIGNATURE OF HONOR FLIGHT OFFICIAL <i>Cathy Domizio</i>	

I authorize Honor Flight Philadelphia, Inc. and Honor Flight (TM) 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\_\_\_\_\_