



BLUE RIDGE HONOR FLIGHT GUARDIAN APPLICATION

GUARDIAN REQUIREMENTS & APPLICANT INFORMATION

Guardians play a significant role in ensuring a safe and memorable experience for each Veteran. Please read and initial each requirement below before completing this application.

Initial: _____ Be between the ages of 18 and 70. Individuals over age 70 may apply and are subject to individual review.

Initial: _____ Be physically fit and able to participate in a long, demanding day that may include extensive walking, pushing a wheelchair, assisting a Veteran with mobility, and exposure to varying weather conditions.

Initial: _____ Attend the MANDATORY Guardian Training session prior to flight day.

Initial: _____ Pay the \$500 Guardian fee. The Guardian fee covers only a portion of the actual cost of the Guardian's participation.

NOTE: SPOUSES ARE NOT ELIGIBLE TO ACCOMPANY THE VETERAN AS A GUARDIAN.

Name: _____

(As it appears on your REAL ID or other TSA-accepted identification)

Gender: ☐ Male ☐ Female

Address: _____

City: _____ **State:** _____ **ZIP:** _____ **County:** _____

Primary phone: _____ ☐ Cell ☐ Home

Secondary phone: _____ ☐ Cell ☐ Home ☐ Work

Email: _____

Date of birth (Month/Day/Year): ____ / ____ / ____ **Height:** ____ **Weight:** ____

Polo shirt size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

MILITARY SERVICE & VETERAN REQUEST

Are you a Veteran? ☐ Yes ☐ No

If yes, status: ☐ Active Duty ☐ Reserve/National Guard ☐ Retired ☐ Former Military (not retired)

Branch of Service: _____

When/where did you serve: _____

Are you requesting to fly with a specific Veteran? ☐ Yes ☐ No

If yes, Veteran name: _____

Relationship: _____

A completed Veteran Application must be submitted with this Guardian Application if you are requesting to accompany a specific Veteran.



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PHYSICAL CAPABILITY & MEDICAL INFORMATION

Guardians are responsible for assisting Veterans throughout a long flight day. Please answer the following questions based on your current abilities and health.

Can you lift at least 50 pounds? ☐ Yes ☐ No

As the flight day progresses, Veterans may need increased assistance with ambulation and transfers.

Can you push a wheelchair for extended periods throughout the day? ☐ Yes ☐ No

Can you safely maneuver in tight spaces while assisting a Veteran (aircraft, restrooms, charter bus)? ☐ Yes ☐ No

Can you safely climb five steps using a handrail? ☐ Yes ☐ No

How far can you walk without assistance?

☐ Less than 1 block ☐ 1–3 blocks ☐ More than 3 blocks

Please list all allergies: _____

List all current medications (if none, please indicate): _____

Do you smoke? ☐ Yes ☐ No

Do you have diabetes? ☐ Yes ☐ No

If yes: ☐ Insulin ☐ Pill ☐ Diet controlled ☐ Other: _____

Do you currently have, or have you had, a history of heart problems? ☐ Yes ☐ No

If yes, please explain: _____

Do you have a history of seizures? ☐ Yes ☐ No

If yes, please describe and give date of last seizure: _____

Do you have any physical disabilities or limitations? ☐ Yes ☐ No

If yes, please describe: _____

Do you have motion sickness? ☐ Yes ☐ No

Other medical or health concerns not previously disclosed:

Physician's name: _____ **Phone:** _____

EMERGENCY CONTACT & BACKGROUND

Emergency contact name: _____ **Relationship:** _____

Primary phone: _____ ☐ Cell ☐ Home

Secondary phone: _____ ☐ Cell ☐ Home ☐ Work



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GUARDIAN BACKGROUND & REFERENCES

Please list one personal reference who is NOT a relative:

Name: _____ Relationship: _____

Phone: _____ Email: _____

How did you hear about Blue Ridge Honor Flight? _____

Why are you volunteering to serve as a Guardian? _____

Current profession, or most recent work experience if retired:

Other volunteer experience: _____



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RELEASE, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I, _____, am about to voluntarily participate as a participant or a volunteer in various activities, which may include but are not limited to either being escorted or escorting individuals with disabilities, crowd control and interaction, taking commercial aircraft flights, physical activities, driving to activities, preparing documentation and other activities as a participant or as a volunteer with or on behalf of and at the direction of Blue Ridge Honor Flight, a North Carolina not for profit corporation, which includes any officer, director, employee, volunteer or agent thereof ("Blue Ridge Honor Flight"). In consideration of and as a condition of Blue Ridge Honor Flight permitting me to participate in these activities, the sufficiency and receipt which I hereby acknowledge, knowingly, on behalf of myself, my heirs, administrators, successors, executors and assigns, and hereby covenant and agree:

1. I am aware that there are inherent risks in the activities and that I am freely assuming all risks of any nature and damages related to such activities including those related to my own health issues and fully release Blue Ridge Honor Flight from all such liability relating to same.
2. To never institute, prosecute, or in any way aid in the institution or prosecution of any demand, claim or suit of any nature against Blue Ridge Honor Flight for any destruction, loss, damage or injury (including death) to my person or property or that of others which may occur from any cause whatsoever as a result of my participation now or in the future, known or unknown, foreseen or unforeseen in the activities of Blue Ridge Honor Flight, and agree to discharge, defend, indemnify and hold Blue Ridge Honor Flight harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
3. The information I have provided is complete and accurate. I understand that the Blue Ridge Honor Flight Medical Team will review my application and health history. Blue Ridge Honor Flight must medically approve all Veterans and Guardians to participate. I agree to notify BRHF immediately should my medical condition change prior to the trip. If any of this information is falsified or pertinent medical information is omitted, or if my medical conditions change or are determined by the Blue Ridge Honor Flight Medical Team to be unacceptable to participate, I understand I may be disqualified at the sole discretion of Blue Ridge Honor Flight.
4. I hereby forever, waive, release and discharge any demands or claims or suits of any nature, known or unknown irrespective when such occur now or in the future, known or unknown, foreseen or unforeseen including but not limited to any destruction, loss, damage or injury (including death) to my person or property or that of others arising from my participation in the activities, against Blue Ridge Honor Flight, and agree to defend, indemnify and hold Blue Ridge Honor Flight harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.



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RELEASE, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT - CONTINUED

5. Notwithstanding any provisions to the contrary in the event of any litigation or arbitration resulting from my activities of any nature with Blue Ridge Honor Flight that I agree that venue and jurisdiction is limited to that of the Courts in Buncombe and Henderson Counties, North Carolina and or the United States District Court for the Western District of North Carolina and that North Carolina law shall govern.

I hereby, authorize Blue Ridge Honor Flight the continued right to perpetuity to photograph, film or video my activities and to publish same and or use such in the legitimate promotion of Blue Ridge Honor Flight as they deem fit and as such, I waive any right to approve same in advance.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS TERMS AND CONDITIONS AND VOLUNTARILY AGREE TO THE TERMS.

Print Name: _____

SIGNATURE: _____

City: _____ **State:** _____ **ZIP Code:** _____

Date: _____

**PLEASE NOTE: SPOUSES ARE NOT ELIGIBLE TO ACCOMPANY THE VETERAN AS A
GUARDIAN.**

PLEASE COMPLETE, SIGN AND MAIL ALL PAGES OF THIS APPLICATION TO:
BLUE RIDGE HONOR FLIGHT
Attention: GUARDIAN APPLICATION
PO Box 1179
Etowah, NC 28729

**Questions? 828-229-2743 | info@blueridgehonorflight.com |
www.blueridgehonorflight.com**