

FOR ROCKY MOUNTAIN HONOR FLIGHT USE ONLY

LAST NAME:

RCVD:

FAMILY MEMBER GUARDIAN APPLICATION

Rocky Mountain 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. This is especially true for a Family Member Guardian. Duties include, but are not limited to, physically assisting the veterans at the airports, during the flights and at the memorials. The \$950 Guardian donation covers all expenses. Should a Guardian need to cancel, the \$950 donation may be partially refunded if a replacement cannot be found within a reasonable time period. Family Member Guardians may be required to assist other veterans. Spouses of Veterans may not accompany the veteran unless the spouse is between the ages of 18-70 years of age, or is a veteran of WWII themselves. All Guardians are required to attend a 2-hour Guardian training session. Please complete and sign the following application. All information will be confidential. If you have any questions, please contact Joe Winslow at (970)535-0642 or joewinslow@rockymountainhonorflight.org

Name (as it appears on photo ID for TSA security):

First:	Middle:	Last:
--------	---------	-------

Address:

City:	State:	Zip:
-------	--------	------

Phone(day)	(evening)	Cell:
------------	-----------	-------

Email:	Occupation:
--------	-------------

DOB:	Age:
------	------

Relationship to veteran:	Name of Veteran:
--------------------------	------------------

Are you a veteran:	Yes:	No:
--------------------	------	-----

If Yes, when and where did you serve?

Why do you want to be a Guardian?

Do you have any prior volunteer experience?

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

Do you have any medical experience: (Doctor, Nurse, EMT, CPR, Paramedic)

What is your shirt/sweatshirt size:

S	M	L	XL	XXL	XXXL
---	---	---	----	-----	------

Please list one personal reference:

Name:	Relationship to applicant:
-------	----------------------------

Address:

City:	State:	Zip:
-------	--------	------

Phone:	Email:
--------	--------

I, am about to participate in various activities with the Rocky Mountain Honor Flight as a Family Member Guardian (FMG). I clearly understand the following:

1. I understand and agree that I may be called upon to assist other veterans at various times on the trip.
2. I understand that I may not take my veteran to another location at any time.
3. I agree to remain with the group at all times beginning at the arrival at DIA for departure to returning to DIA at the completion of the trip.
4. I agree to abide by the policies and procedures of Rocky Mountain Honor Flight.

Signature:

COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I, am about to voluntarily participate in various activities with Rocky Mountain 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 the organizations known as Honor Flight Network and/or Rocky Mountain 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 the Honor Flight Network TM Inc, or Rocky Mountain Honor Flight.

If I, my heirs, administrators, executors or assigns should claim, sue or aid in any way such a demand, claim or suit, I agree for myself, my heirs, administrators, executors, and assigns to indemnify the Honor Flight Network TM Inc. and Rocky Mountain Honor Flight organizations for all damages, expenses and costs it may incur as a result thereof.

I also understand and agree that I may be held liable for any damages or loss to the Honor Flight Network TM Inc. and/or Rocky Mountain Honor Flight organization which is caused by my gross negligence, willful misconduct, dishonesty, or fraud and for limited damages or less to the Honor Flight Network TM Inc. and/or Rocky Mountain Honor Flight organization which is caused by my simple negligence.

I further understand that the term Honor Flight Network TM Inc. and Rocky Mountain Honor Flight organization includes the non-profit organization known as Honor Flight and/or Rocky Mountain Honor Flight, any officer, agent, volunteer and or employee thereof.

Signature:

Date:

Signature of RMHF Official:

Date:

I authorize Honor Flight Network TM Inc. and/or Rocky Mountain Honor Flight to release my contact information (home address and phone) to others requesting individuals who participate in the same flight for the purpose of communication and camaraderie with other participants.

The undersigned acknowledges and agrees that:

1. As photographic and recording equipment are frequently used to memorialize and document Rocky Mountain Honor Flight (RMHF) trips and events, his/her image may appear in a public forum, such as the media or website, to acknowledge, promote or advance the work of the RMHF program. I hereby release the photographer and RMHF from all claims and liability relating to said photographs. I

hereby give my permission for my images captured during RMHF activities through video, photo or media, to be used solely for the purposes of RMHF 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 Guardian and I understand that RMHF does NOT provide medical care. I understand and accept all risks associated with travel and other RMHF activities and will not hold RMHF responsible for any injuries incurred by me while participating in the RMHF program.

Signature:

Date:

Printed Name:

Please mail the completed form to:

Joe Winslow
Rocky Mountain Honor Flight
Family Guardian Application
15956 Columbine St
Thornton, CO 80602