

GUARDIAN APPLICATION

LAST NAME:

RCVD:

FOR ROCKY MOUNTAIN HONOR FLIGHT USE ONLY

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. DUTIES INCLUDE, BUT ARE NOT LIMITED TO, PHYSICALLY ASSISTING THE VETERANS AT THE AIRPORTS, DURING THE FLIGHTS, AND AT THE MEMORIALS AND HOTEL. THE \$950.00 GUARDIAN FEE COVERS ALL EXPENSES (AIR FARE, HOTELS, ETC.) FEES MUST BE SENT IN ONCE YOU ARE SELECTED. AFTER TICKETS ARE BOUGHT THERE WILL BE NO REFUNDS. ALL ARRANGEMENTS WILL BE MADE BY RMHF. FAMILY MEMBERS MAY ACCOMPANY A VETERAN BUT ONLY ONE FAMILY MEMBER PER VETERAN IS ALLOWED. FAMILY GUARDIANS MAY BE REQUIRED TO ASSIST OTHER VETERANS. SPOUSES OF VETERANS ARE NOT PERMITTED TO BE GUARDIANS UNLESS THEY ARE BETWEEN THE AGES OF 18-70 YEARS OF AGE OR A WWII OR KOREAN VETERAN THEMSELVES. ALL GUARDIANS ARE REQUIRED TO ATTEND A 2-HOUR GUARDIAN TRAINING SESSION. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

APPLICANT INFORMATION

First:	Middle:	Last:
Date of Birth:	Age:	Gender:
Current Address:		
City:	State:	ZIP Code:
Cell #:	Home Phone #:	Email:
Are you a veteran:	When:	What Branch:
Is there a veteran you would like to travel with:		
Please identify any medical conditions that would limit your ability to fulfill the duties of a guardian:		
Do you have any medical experience (Physician, Nurse, EMT, Paramedic, CPR):		
If yes, would you be interested in serving on the Medical Team for the trip?		
Please give us you polo shirt/sweatshirt size:		
Please list any prior volunteer experience:		
Please list one personal reference:		
Name:		Relationship to applicant:
Address:		City:
State:		Zip:
Phone:		
Please list one emergency contact:		
Name:		Relationship:
Address:		City:
State:		Zip:
Phone #:		Email:

All applicants are required to sign the following agreement prior to the actual trip. If the applicant is under 18 years of age, a parent/guardian must also sign the agreement. Please review this carefully.

1. As photographic and video equipment are frequently used to memorialize and document Rocky Mountain Honor Flight trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the RMHF program. I hereby release the photographer and RMHF activities through video, photo or other media to be used solely for the purposes of RMHF promotional material and publications, and waive and rights or compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the applicant and I understand that RMHF does NOT provide medical care. I understand that I accept all risks associated with travel and other RMHF activities and will not hold RMHF responsible for and injuries incurred by me while participating in the RMHF program.

Signature:	Date:
Printed Name:	
Signature of RMHF official:	Date:

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™ 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™ 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
Guardian Application
15956 Columbine St
Thornton, CO 80602
303-517-6569
joewinslow@rockymountainhonorflight.org