

Please list any prior volunteer experience (other than Honor Flight):

Emergency Contact (Someone available by phone the day you travel)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Primary): _____ Phone (Alternate): _____

E-mail Address: _____

Please list one personal reference (someone not related to you who can speak to your character)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Primary): _____ Phone (Alternate): _____

E-mail Address: _____

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

If yes, please list the veteran's full name and phone number. (Please coordinate with that veteran to assure that he/she submits a Veteran Application. Spouses may not serve as guardians. The Veteran application can be downloaded from our website at www.olddominionhonorflight.com):

_____	_____
Veteran's Name	Phone Number

Are you able to push someone in a wheelchair for up to two hours? Yes No

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 prescription medications you are currently taking:

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

Please Review Carefully and Sign:

The undersigned acknowledges and agrees that:

1) As photographic and video equipment are frequently used to memorialize and document **Old Dominion Honor Flight** trips and events, my image and name may appear in a public forum, such as the media or a website, to acknowledge, promote, or advance the work of the **Old Dominion Honor Flight** and the **Honor Flight Network**. I hereby release the photographer and **Old Dominion Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my name and my images captured during **Old Dominion Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **Old Dominion Honor Flight** promotional material and publications and waive any rights of compensation or ownership thereto. Media coverage is the best way for us to promote the program to other veterans. This coverage may include the names of participants. I hereby release the use of my name for this purpose unless I provide written restriction before the trip

2) I further state that medical insurance is my responsibility and I understand that **Old Dominion Honor Flight Historic** does **not** provide medical care. I understand and accept all risks associated with travel and other **Old Dominion Honor Flight Historic** activities and will not hold **Old Dominion Honor Flight Historic** responsible for any injuries incurred by me while participating in this program.

COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I, _____, am about to voluntarily participate as a passenger in various activities, including being transported by bus to Washington, DC by Old Dominion Honor Flight Historic, Inc. 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 organization known as Old Dominion Honor Flight, Inc. 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 Old Dominion 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, I agree, for myself, my heirs, administrators, executors, and assigns to indemnify the Old Dominion Honor Flight, Inc. organization 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 Old Dominion Honor Flight, Inc. activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of the Old Dominion Honor Flight, Inc. organization.

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

I further understand that the term Old Dominion Honor Flight, Inc. organization includes the national non-profit organization known as Honor Flight Network, Inc., any officer, agent and/or employee thereof.

Signature: _____ Date: _____

Parent/Guardian Printed Name *: _____ Signature **: _____

** If applicant is under 18, a parent / guardian must also print and sign the form*

Please print, sign / date, and submit this form to:

**Old Dominion Honor Flight
Attn: Guardian Application
1490-5A Quarterpath Road #263
Williamsburg Virginia 23185**

**or scan and e-mail to olddominionhf@gmail.com
or fax to 1-757-257-0356**