

Blue Ridge Honor Flight Guardian Application

Please print, complete and submit <u>all three pages of</u> this form with required

Blue Ridge Honor Flight Attn: Guardian App PO Box 18057 Asheville, NC 28814

possible to: Ashev	ville, NC 28814	'				
PLEASE READ AND INITIAL THE FOLLOW	VING PRIOR TO	FILLING OUT THIS A	APPLICATION.			
Guardians play a significant role in ensuring a	afe and memor	able experience for e	each Veteran. In order to be considered			
for the Guardian position the applicant must:						
Be between the ages of 18-75 years old	-		-			
Be physically fit and able to participate i	_	-	extensivewalking, extreme weather)			
Attend the MANDATORY Guardian Tra		• •	on of the potition of the			
Pay the \$500 Guardian fee. Please note the Guardian fee covers only a portion of the actual expenses of the Guardian.						
PLEASE NOTE: EVERY EFFORT IS MADE SPECIFIC VETERAN; HOWEVER, SPOUSI GUARDIAN.						
Your name:		Nickname:	:			
(As it appears on your ID for airline	travel)		(If applicable)			
Address:						
City:State	:Zip:		County:			
Primary phone:	Ce	II Phone:				
Email address:	_					
Date of birth (Month/Day/Year):/	G	ender: Male	Female			
Height: Weight:Polo shirt si	ze (Please che	ck your size): S_ M	L XLXXL_XXXL			
Are you a veteran? Yes No If ye	s, select one:	Active Duty Retired	Reserves/National Guard Former Military (not retired)			
Branch of Service			_			
Are you requesting to fly with a specific veter	an? Yes	No	<u> </u>			
If yes, name of Veteran:						
Relationship:						
Did this Veteran serve in one of the following			 _ Vietnam War			

A completed Veteran Application must be included with this application if you are requesting to accompany a specific veteran.

Other Conflict

Can you lift 50 pounds? Yes No
*As the flight day progresses, we have found that Veterans need more assistance with ambulation and transfers.
Can you push a wheelchair all day? Yes No
Can you easily maneuver in tight spaces to assist Veteran in need? (Airplane, bathrooms, charter bus) Yes No
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, how do you control it? Insulin Pill Diet controlled
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: When was your last seizure?
Do you have any physical disabilities or limitations? Yes No If yes, please describe:
Do you have motion sickness? Yes No
COVID-19: Have you received a COVID-19 Vaccination/Booster? Yes No PLEASE INCLUDE A COPY OF YOUR VACCINATION CARD WITH THIS APPLICATION. THIS WILL REMAIN CONFIDENTIAL WITH OUR MEDICAL TEAM.
Have you contracted COVID-19? Yes No If so, when? Other medical or health concerns not previously disclosed:
Other medical of health concerns not previously disclosed.
Physician's name: Phone:
In Case of an Emergency, please Contact:
Name:
PHONE: Cell North
Please list one personal reference who is NOT a relative:
Name: Phone: E-mail:
How did you hear of Blue Ridge Honor Flight?
Why are you volunteering for Blue Ridge Honor Flight?
What is your current profession, or if retired, what was your most recent work experience?

BLUE RIDGE HONOR FLIGHT 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 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") as well as the National Honor Flight Network (the "Network"). In consideration of and as a condition of Blue Ridge Honor Flight and the Network 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, hereby covenant and agree:

- (i) 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 and the Network from all such liability relating to same.
- (ii) 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 and the Network 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 the Network, and agree to discharge, defend, indemnify and hold Blue Ridge Honor Flight and the Network harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
- (iii) 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 the Network, and agree to defend, indemnify and hold Blue Ridge Honor Flight and the Network harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
- (iv) 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 and the Network 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 and the Network 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 and the Network 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.

Date:		
Participant signature required:		
PLEASE PRINT YOUR NAME:		

PLEASE NOTE: EVERY EFFORT IS MADE TO HONOR REQUESTS FOR A GUARDIAN TO ACCOMPANY A SPECIFIC VETERAN; HOWEVER, SPOUSES ARE <u>NOT</u> ELIGIBLE TO ACCOMPANY VETERANS AS A GUARDIAN.