



## Blue Ridge Honor Flight Guardian Application

**Please *complete* and submit all three pages of this form with required signature(s) as soon as possible to:**

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

**[INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND WILL BE RETURNED]  
PLEASE READ AND INITIAL THE FOLLOWING PRIOR TO FILLING OUT THIS APPLICATION.**

Guardians play a significant role in ensuring a safe and memorable experience for each Veteran. In order to be considered for the Guardian position the applicant must:

- \_\_\_\_\_ Be between the ages of 18-70 years old. [Individuals over 70 who apply are subject to individual review.]
- \_\_\_\_\_ Be physically fit and able to participate in a demanding day. (*Pushing a wheelchair, extensive walking, extreme weather*)
- \_\_\_\_\_ Attend the **MANDATORY** Guardian Training session prior to flight day.
- \_\_\_\_\_ Pay the \$400 Guardian fee. Please note the Guardian fee covers only a portion of the actual expenses of the Guardian.

**We have many more guardian applicants than we have seats available. Guardian selection will be confirmed.**

Name (As it appears on your ID for airline travel): \_\_\_\_\_

Nickname: \_\_\_\_\_ 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

Are you a veteran?  Yes  No If yes, select one:  Active Duty  Reserves/National Guard  
 Retired  Former Military (not retired)

Please provide Rank: \_\_\_\_\_ Branch: \_\_\_\_\_

When/Where have you served: \_\_\_\_\_

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

If yes, name of Veteran: \_\_\_\_\_ Relationship: \_\_\_\_\_

*A completed Veteran Application must be submitted by the Veteran.*

Did this Veteran serve in one of the following?  WWII  Korean War  Vietnam War

How did you hear about Blue Ridge Honor Flight? \_\_\_\_\_

Why are you volunteering for Blue Ridge Honor Flight? \_\_\_\_\_

Please indicate your profession or if retired, please list your most recent work experience:

\_\_\_\_\_

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

Other medical or health concerns not previously disclosed: \_\_\_\_\_

\_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

In Case of an Emergency, please Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

PHONE: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Please list one personal reference who is NOT a relative:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**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 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, 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 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 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.
- (iii) 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.
- (iv) 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.
- (v) 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.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Please print this form out in its entirety and mail the completed Application to:

**Blue Ridge Honor Flight**  
**PO Box 18057**  
**Asheville, NC 28814**

**Attention: Guardian Application**