



Guardian Application

Honor Flight Tri-State would not be successful without the generous support and help from our Guardians. Guardians play an important and significant role on our flights, ensuring that every veteran has a safe and memorable experience.

Duties include, but are not limited to, physically assisting the veterans at the airport, during air and ground transportation activities, and at the memorials. Guardians are responsible to pay their own airfare (approximately \$300) We will make the reservations, and will pick up the cost of ground transportation and meals. If you have questions, please call us at 513-277-9626 or email us at honorflightristate@gmail.com.

NAME: _____ DOB _____

(as it appears on your photo ID for airline travel..... first, middle and last name)

ADDRESS: _____ Male or Female

CITY: _____ STATE: _____ ZIP _____

PHONE: _____

OCCUPATION: _____ ARE YOU A VETERAN: Yes ___ No ___

If YES, indicate Branch of Service and dates:

How did you learn about Honor Flight?

Your Age: _____ Weight _____ Your T-Shirt size is _____

Are you requesting to travel with a specific Veteran? Yes ___ No ___

If Yes, what is the name of the Veteran: _____

Your relationship to the Veteran: _____

Please note that Veteran Applications must be submitted separately.

Do you have any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties and responsibilities of a Guardian?

Yes: ___ No: ___

Please list any medical experience you may have (CPR, EMT, etc) Medical experience is not a requirement to be a Guardian. _____

Why do you want to be a guardian? _____

Disclaimer

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Honor Flight Tri-State trips and events, my image may appear in a public forum, such as the news media or a website, to acknowledge or promote the work of the Honor Flight Tri-State Program. I hereby release the photographer and Honor Flight Tri-State from all claims and liability relating to said photographs. I hereby give my permission for my image captured during the Honor Flight Tri-State Activities through video, photos or other media, to be used solely for the purposes of Honor Flight Tri-State promotional materials and publications, and waive any rights, compensation or ownership thereto.
2. I further understand that medical and trip insurance is the responsibility of the veteran. I also understand and agree that Honor Flight Tri-State does not provide medical care. I understand that I accept all risks associated with air and ground travel, and other Honor Flight Tri-State Activities and will not hold Honor Flight Tri-State responsible for any injuries incurred by me while participating in the Honor Flight Tri-State Program.

SIGNED: _____ Date: _____

Please submit this form to: Honor Flight Tri-State
8627 Calumet Way
Cincinnati, OH 45249

If you have questions or comments, please call us at: 513-277-9626

Please visit our website at www.honorflighttristate.org for further information about the Honor Flight program. You may also apply on line.