



PLEASE REVIEW CAREFULLY AND SIGN

Video and still photography will be used to memorialize and document your trip. To acknowledge and promote the work of Honor Flight, your image may appear in public forums, such as the media or our website. By signing below, you release the photographer and High Plains Honor Flight from any and all claims and liability related to said photographs and videos. Additionally, you hereby give permission for such images of you to be used solely for the purpose of High Plains Honor Flight promotional material and publications, and you waive any rights to compensation and ownership thereto.

Additionally, by signing below, you state that you understand that medical expenses will be your responsibility and that you understand that High Plains Honor Flight does NOT provide medical care. Understand that you accept all risks associated with the travel and other activities related to the trip and that you will not hold High Plains Honor Flight liable for injuries, accidents, or illness sustained while participating in the program.

You confirm your understanding of the physical activity required during the trip. This may include helping veterans up and down steps and over obstacles, pushing a veteran in a wheelchair for up to a mile, handling baggage, and other activities that you may be called upon to perform.

You further understand that your primary responsibility will be the safety and well being of the veterans traveling on the trip. This is not a trip for your own personal sight seeing or visiting with and escorting any specific individual. You will be under the direction of the High Plains Honor Flight officers responsible for the trip.

If you are traveling with a specific veteran, you understand and agree that you will also be required to care for and assist all the veterans that you are assigned to.

Honor Flight trip begins and ends at the location designated by High Plains Honor Flight and all guardians are expected to participate in the entire trip.

Guardian's Signature: _____ Date: _____

Mail your application to:

**HIGH PLAINS HONOR FLIGHT
P.O. BOX 363
AULT, CO 80610-0363**

See our website:

www.highplainshonorflight.org

For questions about your Honor Flight trip or guardian expectations call:

(970) 409-4188

GUARDIAN APPLICATION

DATE REC. _____



High Plains Honor Flight would not be possible without the generous support of our guardians. Guardians play a significant role on every trip, ensuring that every veterans has a safe and memorable experience. Duties include, but are not limited to, physically assisting the veterans at departure, the airport, during the flight, at the hotel, and at the memorials. Guardians are required to make a donation of at least \$800. To help defray the cost of their trip. This donation is tax deductible, non-refundable, but only due once a guardian has been selected and agreed to serve on a specific flight. High Plains Honor Flight pays all travel expenses, lodging, and meals. Guardians are responsible for other incidentals.

Guardians must be at least 21.

Spouses of veterans may not serve as Guardians on the same trip.

All prospective Guardians must be within 300 miles of Ault, CO and be able to attend a mandatory Guardian Training session.

See our website:

www.highplainshonorflight.org

GUARDIAN INFORMATION

First Name	Initial	Last Name	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<i>(As it appears on your picture ID, for airline travel and security purposes)</i>			T-Shirt Size		
Date of Birth	Age	Nickname	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
Address			<input type="checkbox"/> XL	<input type="checkbox"/> 2XL	<input type="checkbox"/> 3XL
City	State	Zip	<i>NOTE: T-Shirts and jackets are Mens sizes, so ladies order accordingly.</i>		
Primary Phone					
Cell Phone					
Email					

You must have an email address or access to email so we can send necessary information about your guardian assignment.

PERSONAL REFERENCE

Name	Relationship				
Address	Primary Phone				
City	State	Zip	Cell Phone		
Email					

EMERGENCY CONTACT INFORMATION

(SOMEONE WE CAN CONTACT WHEN YOU TRAVEL)

Name	Relationship		
Address	Primary Phone		
City	State	Zip	Cell Phone
Email			

ADDITIONAL GUARDIAN INFORMATION

Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate your BRANCH of service and WHEN and WHERE you served		
Branch	When	Where
Experience: list your OCCUPATION and any MEDICAL or other RELEVANT experience or training that you have (i.e. EMT, CPR, Paramedic, Etc.)		
Occupation		
Medical Exp.		
Other Exp.		
Do you have any physical disabilities, and/or medical conditions that would limit your ability to fulfill the duties of a Guardian? (if yes, please identify the condition.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Condition		
Do you have any drug allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List allergies		
Are you a relative of a veteran traveling on this Honor Flight? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, identify the veteran's name		
NOTE: A separate "Veterans Application" must also be submitted for the veteran		
Have you been a Guardian on a previous High Plains Honor Flight trip? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please tell us when		
Why are you volunteering to be an Honor Flight Guardian?		