

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 name and phone number. Please coordinate with that Veteran to assure that he/she submits a Veteran application. Spouses may not serve as guardians. Veteran applications can be downloaded from our website.

Veteran's Name

Phone Number

Are you able to push someone in a wheelchair throughout the day? ☐ 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, Paramedic, RN, CPR, 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 Honor Flight – Top of Virginia 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 Honor Flight – Top of Virginia program. I hereby release the photographer and Honor Flight – Top of Virginia from all claims and liability relating to said photographs. I hereby give permission for my name and my images captured during Honor Flight – Top of Virginia activities through video, photo, or other media, to be used solely for the purposes of Honor Flight – Top of Virginia 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 prior to the trip.
2. I further state that medical insurance is my responsibility and I understand that Honor Flight – Top of Virginia does not provide medical care. I understand that I accept all risks associated with travel and other Honor Flight – Top of Virginia activities and will not hold Honor Flight – Top of Virginia responsible for any injuries incurred by me while participating in the Honor Flight – Top of Virginia 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 Honor Flight – Top of Virginia. 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 Honor Flight – Top of Virginia 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 Honor Flight – Top of Virginia 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 Honor Flight – Top of Virginia 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 Honor Flight – Top of Virginia activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of the Honor Flight – Top of Virginia organization.

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

I further understand that the term Honor Flight – Top of Virginia organization includes the national non-profit organization known as Honor Flight, Inc., any officer, agent and/or employee thereof.

Signature: _____ Date: _____

Please print, sign, date, and mail this form to:

Honor Flight – Top of Virginia
P.O. Box 163
Middletown, VA 22645