



Queen City Honor Flight Guardian Application

Please *complete* and submit all three pages of this form with required signature(s)

Queen City Honor Flight Attn:
Guardian App
17153 Doe Valley Court
Cornelius NC 28031

**[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 Queen City Honor Flight? _____

Why are you volunteering for Queen City 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: _____

QUEEN CITY 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 Queen City Honor Flight, a North Carolina not for profit corporation, which includes any officer, director, employee, volunteer or agent thereof ("Queen City Honor Flight"). In consideration of and as a condition of Queen City 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 Queen City 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 Queen City 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 Queen City Honor Flight, and agree to discharge, defend, indemnify and hold Queen City 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 Queen City Honor Flight Medical Team will review my application and health history. Queen City Honor Flight must medically approve all Veterans and Guardians to participate. I agree to notify QCHF 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 Queen City Honor Flight Medical Team to be unacceptable to participate, I understand I may be disqualified at the sole discretion of Queen City 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 Queen City Honor Flight, and agree to defend, indemnify and hold Queen City 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 Queen City Honor Flight that I agree that venue and jurisdiction is limited to that of the Courts in Mecklenburg County, 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 Queen City 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 Queen City 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:
Queen City Honor Flight
17153 Doe Valley Court
Cornelius NC 28031
Attention: Guardian Application