



CONFIDENTIAL
FLIGHT TO HONOR POLK USE ONLY
Last Name: _____
Date Rec'd: ___/___/___

GUARDIAN APPLICATION

Guardians play a significant role on every Flight to Honor Polk Mission, ensuring that every Veteran has a safe and memorable experience. Duties include, but not limited to, physically assisting the Veterans at the airport, during the flight and at the memorials. Guardians must be between 18 and 75 years of age and CANNOT be the spouse/significant other of the Veteran. Guardians are required to pay their own expenses (airline fare, etc.) with a donation of \$400 payable to Polk Veterans Council, noting on your donation that it is for Flight to Honor Polk. For further information, please contact us at flighttohonorpolkveterans@gmail.com or call us at 863-940-4841. Thank you for your support!

YOUR INFORMATION:

Your Name (First, Middle, Last): _____

Nickname: _____

(Name must match photo ID with D.O.B. for airline travel – Driver's License, passport, VA ID card, etc.)

Address: _____

City: _____ County: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

D.O.B (MM/DD/YYYY): _____ Sex: _____ Male _____ Female

Email: _____

Your Shirt Size: _____ Small _____ Medium _____ Large _____ Extra Large (XL) _____ XXL _____ XXXL

Please note any medical experience you have (e.g., MD, RN, LPN, EMT, CPR, Paramedic, etc.): _____

Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a Guardian: _____

EMERGENCY CONTACT INFORMATION (SPOUSE OR OTHER, NOT VETERAN ON FLIGHT):

Contact's Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

ALTERNATE EMERGENCY CONTACT INFORMATION (NOT SPOUSE OR VETERAN ON FLIGHT):

Contact's Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Are you a veteran? _____ Yes _____ No

I am a: _____ WWII Veteran _____ Korean War Veteran _____ Vietnam War Veteran
_____ Gulf War Veteran _____ Other: _____

Branch of Service: _____ Dates Served: _____

Your Service History:

Theater(s) Where You Served:

Activity During Your Service:

Please List One (1) Personal Reference:

Name: _____ Relationship: _____

Email: _____ Phone: _____

May we contact you in the future about Flight of Honor events/activities? ___ Yes ___ No

VETERAN INFORMATION

To help ensure a safe and memorable experience, Flight of Honor assigns each Veteran his/her own personal companion for the day. If you are requesting to travel with a specific Veteran, please fill out the information below. Please also ask him/her to fill out a Veteran Application, which can be requested at flighttohonorpolkveterans@gmail.com. You will be considered as the assigned Guardian for the requested Veteran, however selection is NOT guaranteed.

**If you are the spouse/significant other of the requested Veteran,
you are NOT eligible.**

Requested Veteran Name: _____

Phone: _____ Relationship: _____

Additional Comments/Concerns: _____

PLEASE REVIEW CAREFULLY AND SIGN.

The undersigned acknowledges and agrees that:

1. As photographic and video equipment is frequently used to document Flight to Honor Polk trips and events, my image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the Flight to Honor Polk program. I hereby release any photographer/videographer and Flight to Honor Polk from all claims and liability relating to said photographs/videos. I hereby give permission for my images captured during Flight to Honor Polk activities through video, photo, or other media, to be used solely for the purposes of Flight to Honor Polk promotional material and publications, and waive any rights or compensation or ownership thereto.

2. I understand that I may be featured on news reports or in photographs or video taken by media or news outlets. I understand I have the right to consent/not consent to an interview with any news outlet. I understand that Flight to Honor Polk will NOT provide my name, address, telephone number, or any other personal information to any news or media outlet personnel.

3. I understand that Flight to Honor Polk will not provide my address, telephone number or any personal information to anyone without my permission,

4. I understand that medical insurance is the responsibility of the individual passenger and I understand that Flight to Honor Polk does NOT provide medical insurance or travel insurance. I understand that Flight to Honor Polk personnel do NOT provide medical care. I understand that I accept all risks associated with travel and other Flight to Honor Polk activities and will not hold Flight to Honor Polk responsible for any injuries incurred by me while participating in the Flight to Honor Polk program.

5. I agree that I will furnish payment in full to Polk Veterans Council with a notation of Flight to Honor in the memo section by no later than fourteen (14) days prior to the departure of the flight to which I am assigned. I understand that failure to furnish payment by that deadline may result in my being removed from the flight. I understand that Flight to Honor Polk cannot accept any Guardian payment from any assigned Veteran being honored on the flight.

Signature: _____ Date: _____

Print Name: _____

Please submit these completed and signed forms to:

Flight to Honor
900 Griffin Road
Lakeland, FL 33805

Guardian Covenant Not To Sue and Indemnity Agreement

I agree to voluntarily participate in various activities, including flying activities, of Flight to Honor Polk. 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 Flight to Honor Polk 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 Flight to Honor Polk 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 Flight to Honor Polk 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 Flight to Honor Polk activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of the Flight to Honor Polk organization.

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

I further understand that the term Flight to Honor Polk organization includes the Organization known as Polk County Veterans Council, any officer, agent and/or employee thereof.

Signature: _____ Date: _____

Print name: _____ DOB: _____

Signature of Flight to Honor Polk Official:

Please submit these completed and signed forms to:

Flight to Honor
900 Griffin Road
Lakeland, FL 33805