



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, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of **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 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 or compensation or ownership hereto.
2. I understand that medical insurance is the responsibility of the guardian (myself) and I agree to indemnify and hold harmless **Honor Flight – Top of Virginia**, its agents, sponsors, volunteers, and Board of Directors, from any and all liability arising out of or in consequence of, or injury sustained as a result of, any activity connected with myself or family members while participating in the Honor Flight Program.
3. I 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.
4. I understand that the term **Honor Flight – Top of Virginia** organization includes the national non-profit organization known as **Honor Flight Network.**, 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