



HONOR FLIGHT MAINE GUARDIAN APPLICATION

Honor Flight Maine recognizes Maine’s Veterans for their service and sacrifice by flying them to Washington DC to visit and reflect at their memorials. Honor Flight Maine would not be successful without the aid of guardians. Guardians play a significant role on every trip ensuring that every Veteran has a safe and memorable experience. Duties include, but are not limited to, physically assisting the Veterans at the airports, during the flight, and at the memorials.

NOTE: Guardians should be aged 18-75 (guardians not between the ages of 18 and 75 are subject to individual review and approval by Honor Flight Maine), in good health, **cannot** be a spouse, partner, or significant other, and are requested to make a donation of **\$500** at least one week prior to the trip to help partially defray the costs of their travel expenses.

For further information, please contact us at **207.370.7210** or online at www.honorflightmaine.org

Please submit **all 5 pages** of this form with required signature(s) as soon as possible to:

Honor Flight Maine
ATTN: Guardian Application
PO Box 699
Brunswick, ME 04011

OR email application to:
mainehonorflight@gmail.com

Your name: _____ **Nickname:** _____
(as it appears on your state or federal ID for airline travel) (if applicable)

Address: _____
City/State: _____ Zip: _____
Primary phone: _____ Cell: _____
Email: _____

Date of birth (month/day/year): ____ / ____ / ____ Age: _____ Gender: Male Female

Y N Are you a Veteran?
Branch of service: Army Marines Navy Air Force Space Force
 Coast Guard Merchant Marines Rank: _____

Dates you served in the military (month/year to month/year): ____ / ____ to ____ / ____
Country(ies) where you were stationed: _____

T-shirt size: S M L XL XXL XXXL XXXXL *(Note: T-shirts are in men’s sizes; ladies please order accordingly.)*

Y N Are you requesting to travel with a specific Veteran?
If YES, please name the Veteran: _____
(Completed Veteran application must be submitted separately)

GUIDELINES:

All guardians must be in good health and able to do the following:

- Lift 50 pounds
- Push 200 pounds
- Transfer Veterans in and out of wheelchairs/seats
- Lift a wheelchair
- Push/pull a wheelchair for long distances (the equivalence of 8-10 miles)
- Bend over to tie shoes, or pick up items for Veterans
- Multi-task in order to assist two Veterans if asked

Y N Do you meet the above **Guidelines**?

If NO, please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian: _____

Please note any medical experience you may have:

MD/DO NP/PA RN LPN/CMA EMT-P AEMT EMT-B CRNA CPR Other: _____

Please list your physician’s name and phone number in case of emergency:

Name: _____ Phone: _____

Medications – Please attach extra page(s) if needed for your medications and include all medications (i.e.: prescribed, over the counter, vitamins/supplements, etc.)

Medication name:	Medication name:

Y N Do you have any **drug allergies**? If YES, please list: _____

Y N Do you have any **food allergies**? If YES, please list: _____

Y N Do you have any **dietary restrictions**? (i.e.: low salt, gluten free, lactose intolerant)
If YES, please list: _____

Y N Do you have a history of **heart problems** (i.e.: Arrhythmias, heart attack, by-pass, stent(s), congestive heart failure (CHF), blood clots, pacemaker, internal defibrillator, etc.)
If YES, please list: _____

Y N Do you have **kidney disease** requiring dialysis? If YES, how often? _____

Y N Do you have **diabetes**?
If YES, how is it managed: Insulin Pills Diet only
Y N Does your medication need to be refrigerated?
Y N Do you check your blood sugar regularly? *If YES, you are required to bring your own glucometer and supplies for the trip.*

Y N Do you have a **history of seizure**? If YES, what type (i.e.: grand mal, petit mal, other) _____
Date of your last seizure? _____
If within the past 5 years, STRONGLY advise you to discuss the trip with your physician.

- Y N Do you have problems with **motion sickness** (land, sea, air)?
Y N If YES, is it controlled with medications? *If motion sickness is not controlled with medications, STRONGLY advise you to discuss the trip with your physician.*
- Y N Do you have any **breathing problems**? (i.e., Asthma, Bronchitis, Emphysema, Sleep Apnea, COPD-Chronic Obstructive Pulmonary Disease)
 If YES, please describe: _____
- Y N Do you use a home **nebulizer, BiPAP, or CPAP** machine?
If YES, you are STRONGLY advised to discuss the trip with your physician concerning the use of portable hand-held nebulizers during the trip. The Guardian is responsible for bringing any required oxygen tubing, mask, and BiPAP/CPAP machine.

EMERGENCY CONTACT INFORMATION

Primary emergency contact (someone not traveling with you):

Name: _____ Relationship: _____
 Address: _____ City/State: _____
 Primary phone: _____ Cell: _____
 Email: _____

PERSONAL REFERENCE INFORMATION

If you are **NOT** a family member **OR** the guardian the Veteran has requested to travel with, please provide 2 references:

Name: _____ Relationship: _____
 Address: _____ City/State: _____
 Primary phone: _____ Cell: _____
 Email: _____

Name: _____ Relationship: _____
 Address: _____ City/State: _____
 Primary phone: _____ Cell: _____
 Email: _____

Is there anything else we should know about your physical/medical situation or special needs? Are there any condition(s), not mentioned above, or circumstances which might limit your ability to travel with a commercial airline, or could limit your ability to physically participate in a trip?: _____

Do you have any additional comments or concerns you would like HFM to know about? _____

PLEASE REVIEW CAREFULLY AND SIGN

RELEASE of PERSONAL MEDICAL INFORMATION

I hereby give consent and permission to any of my medical providers or emergency medical providers to discuss and release all my health and treatment information. My signature authorizes Honor Flight Maine to call my physician(s) or any other person familiar with my care to discuss my medical history and to discuss any possible treatment that I may require during the program. My providers are requested and authorized to verbally release this information to any individual during the planned trip that identifies him/herself as a member of Honor Flight Maine participating in the trip or medical persons they have consulted during the trip. Please note that a facsimile signature will also be accepted as an original signature.

RELIANCE ON MEDICAL INFORMATION

The information I have provided on this application is complete and accurate. I understand that Honor Flight Maine medical volunteers will review my health history and may speak with my healthcare provider(s) to clarify any medical concerns. Honor Flight Maine must medically approve all participants to fly. I agree to notify Honor Flight Maine 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 Honor Flight Maine to make me unacceptable to participate, I understand I may be disqualified from participating in an Honor Flight. This decision is at the sole discretion of Honor Flight Maine. I understand that medical insurance and medical costs at all times and that may be incurred pursuant to participation are my responsibility, and that Honor Flight Maine does not provide medical care. I accept all risks associated with travel and other Honor Flight Maine activities, and that I will execute a Release, Covenant Not to Sue and Indemnity agreement in favor of Honor Flight Maine while participating in the program.

HONOR FLIGHT MAINE 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 and from activities, preparing documentation and other activities as a participant or as a volunteer with or on behalf of and at the direction of Honor Flight Maine, a Maine not for profit corporation, which includes any officer, director, employee, volunteer or agent thereof ("Honor Flight Maine"). In consideration of and as a condition of Honor Flight Maine 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 Honor Flight Maine 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 Honor Flight Maine 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 Honor Flight Maine, and agree to discharge, defend, indemnify and hold Honor Flight Maine harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
- III. 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 Honor Flight Maine, and agree to defend, indemnify and hold Honor Flight Maine harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.

Continued on next page:

IV. Notwithstanding any provisions to the contrary in the event of any litigation or arbitration resulting from my activities of any nature with Honor Flight Maine that I agree that venue and jurisdiction is limited to that of the Courts in Cumberland County Maine and or the United States District Court for the District of Maine and that Maine law shall govern.

PHOTOGRAPHY RELEASE

As photographic and video equipment are frequently used to memorialize and document **Honor Flight Maine (HFM)** trips, events, and activities, my image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the HFM program. I hereby authorize Honor Flight Maine 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 Honor Flight Maine as they deem fit. I hereby waive any right to approve the same in advance and waive any rights or compensation or ownership thereto. I hereby release the photographer(s) and HFM from all claims and liability relating to said photographs.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS TERMS AND CONDITIONS AND VOLUNTARILY AGREE TO THE TERMS.

Guardian's Printed name: _____ **Date:** _____

Guardian's Signature: _____

Application Completed by another for the Guardian:

If you are completing this application for the Guardian, please state your name and relationship to the Guardian. By completing and signing this application, you affirm that you also release HFM from any and all liability and indemnify HFM from any claims made on behalf of the Guardian or yourself.

Print name: _____ **Date:** _____

Address: _____ **City/State:** _____

Primary phone: _____ **Relationship:** _____

Signature: _____

Please submit this form to:

Honor Flight Maine
ATTN: Guardian Application
PO Box 699
Brunswick, ME 04011

Or scan & email to: mainehonorflight@gmail.com