



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

Do you have a Pacemaker? YES NO Do you have a Defibrillator? YES NO

Are you Diabetic? YES NO (If Yes: ORAL or INSULIN or NO MEDS)

Food Allergies? \_\_\_\_\_ Dietary Restrictions? \_\_\_\_\_

Do you require a seatbelt extender on an airplane? YES NO

**Medications** (medication name and frequency) (please attach a list if you need more space)

Medication	Taken how often?	Medication	Taken how often?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have drug allergies? \_\_\_\_\_

Additional comments or concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE REVIEW CAREFULLY AND SIGN**

**I, the undersigned, acknowledge, and agree, that:**

As photographic and video equipment are frequently used to memorialize and document Honor Flight 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 Honor Flight program. I hereby release the photographer and Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my image, captured during Honor Flight activities through video, photo, or other media, to be used for purposes of Honor Flight promotional material and publications, and waive any rights to compensation or ownership thereto.

ONCE SELECTED AND ASSIGNED TO A FLIGHT, EACH GUARDIAN MAKES A \$400 DONATION, BEFORE THE FLIGHT, TO COVER A PORTION OF YOUR PARTICIPATION IN THE FLIGHT. YOU ARE ALSO REQUIRED TO ATTEND A GUARDIAN TRAINING PRIOR TO THE TRIP AND HONOR FLIGHT RESERVES THE RIGHT TO REMOVE YOU AS A GUARDIAN IF AT ANYTIME EVEN THE DAY OF TRIP IF WE FEEL THE SAFETY AND WELLBEING OF THE VETERAN IS IN JEOPORDY.

***I am solely responsible for my medical insurance and I understand that Honor Flight does NOT provide medical care. I represent that I understand the duties as a guardian, am physically capable of performing them and will promptly notify Honor Flight of any limitations that may affect my ability to perform those duties. I understand and accept all risks associated with travel and all other Honor Flight activities. I further agree, without limitation, on behalf of myself and any heirs, successors or assigns, to hold Honor Flight wholly harmless for any injuries or any losses incurred by me while participating in any Honor Flight program.***

**SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Applicant must sign this application prior to actual flight date)

Please submit this completed form to:  
Eastern North Carolina Honor Flight  
ATTN: Guardian Application  
P.O. Box 1021  
Havelock, NC 28532