



CENTRAL MISSOURI HONOR FLIGHT GUARDIAN APPLICATION

Please print name as it appears on your photo ID (needed for TSA)

NAME: _____
FIRST MIDDLE LAST

NAME on name badge: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: DAY: _____ EVENING: _____ CELL: _____

E-MAIL ADDRESS: _____ AGE: _____ DOB: _____

OCCUPATION: _____

Have you completed COVID vaccination? YES _____ NO _____ Date of completion: _____

ARE YOU A VETERAN? YES: _____ NO: _____ BRANCH OF SERVICE: _____

ARE YOU A VETERAN OF THE VIETNAM WAR? _____ DS/OEF/OIF/ _____ Other _____

PLEASE LIST ONE (1) EMERGENCY CONTACT:

Name: _____ Relationship to applicant: _____

Address: _____ City/State/Zip: _____

E-Mail Address: _____

Phone Numbers: Day: _____ Evening: _____

Are you able to push a veteran in a wheelchair up a slight incline? Yes: _____ No: _____

Can you lift and carry 100+ pounds? Yes: _____ No: _____

Height _____ Weight _____

T-Shirt Size: (M, L, XL, XXL, XXXL) _____

Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian. Also, please list any medications being taken and how often.

Please note any medical experience and/or training you may have (e.g., EMT, CPR, Paramedic, R.N.?)

Have you previously served as an Honor Flight Guardian? _____

Flight # (s) _____

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **CM Honor Flight** 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 the **CM Honor Flight** program. I hereby release the photographer and **CM Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **CM Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **CM Honor Flight** promotional material and publications and waive any rights or compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the guardian and I understand that neither CM Honor Flight nor the provider of aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other CM Honor Flight activities and will not hold CM Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of CM Honor Flight responsible for any injuries incurred by me while participating in the CM Honor Flight program.
3. **I agree and understand that I will pay for my own transportation cost in the amount \$300.00 pp**

SIGNATURE: _____ DATE: ____/____/____

(E-mail applicants will be required to sign prior to actual trip date)

**Please submit this form to: Central Missouri Honor Flight
1400 Forum Blvd., PO Box Ste 7-A, Box 334
Columbia, MO 65203**

Or e-mail to: CMHFWhyWeFly@gmail.com

Updated: September 2022