

Are you requesting to travel with a specific Veteran? **YES NO** If YES, please provide Veteran's name: _____
(please note: both Guardian and Veteran applications must be submitted before being notified of flight date)

Are you able to push a Veteran in a wheelchair up a slight incline? **YES NO**

Can you lift 100 pounds? **YES NO**

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

Do you have any food, drug or insect allergies? **YES NO** If YES, please list: _____

Please note any medical experience you may have (e.g., EMT, CPR, Paramedic, Nursing, 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 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 Oklahoma Warriors Honor Flight program. I hereby release the photographer and Oklahoma Warriors Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Oklahoma Warriors 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 veteran and I understand that Oklahoma Warriors Honor Flight, the providers of air/ground transportation and housing services do not provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Oklahoma Warriors Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of the Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNED: _____ DATE: _____

Please submit this **COMPLETED** form to: Oklahoma Warriors Honor Flight
Attn: Guardian Application
P.O. Box 375
Colcord, OK 74338

or via email to: applications@oklahomawarriors.org

If you have any questions, please contact us at 888-819-2119