

Honor Flight Inland Empire

Guardian Application



Name as it appears on your Government ID:

First Name

Middle Name

Last Name

Home Address: _____

E-Mail: _____

Phone: H: _____ C: _____

Date of Birth: (MM/DD/YYYY) _____

Sex: Male _____ Female _____

TSA Known Traveler Number: _____

Southwest Airlines Rapid Rewards Number: _____

Men's T-Shirt Size: Small _____ Med _____ Large _____ XL _____ XXL _____ XXXL _____

Military Veteran: No _____ Yes: _____ Branch: _____ Dates: _____

Previous Honor Flight Participant: No _____ Yes _____ Veteran _____ Guardian _____

Medical Restrictions? _____

PLEASE REVIEW AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Honor Flight Inland Empire trips and events, my image may appear in a public forum, such as media or a website, to acknowledge and promote the work of the program. I hereby release the photographer and Honor Flight Inland Empire from all claims and liability relating to said photographs. I hereby give permission for any images of myself captured during activities through video, photo or other media, to be used solely for the purposes of Honor Flight Inland Empire promotional materials and publications, and waive any rights of compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of myself and I agree to indemnify and hold harmless Honor Flight Inland Empire, its agents 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.

SIGNED: _____ DATE: _____

Date Received:

By:

Board Meeting Date:

Disposition: