



Guardian Application



Honor Flight CAK would not be successful without the generous support of our guardians.

Guardians play a significant role on every trip, ensuring that every veteran has a safe and memorable experience. Duties include, but not limited to, physically assisting the veterans at the airports, during the flight and at the memorials. Guardians are required to cover their own flight expenses (\$350, due eight weeks prior to flight). Honor Flight CAK will provide buses, meals, tips, tshirts and water.

Please print- _____

Date: Month/ Date/Year

Name: _____

(as it appears on your ID for airline travel)

Street Address:

City/State/Zip: _____ County: _____

Phone - Day: _____ Evening: _____

Cell: _____

Email address:

Occupation: _____ Age: _____

T-shirt size: **S** **M** **L** **XL** **XXL** **XXXL**

Please list any medical experience you may have (EMT, CPR, Paramedic, other)

Are you requesting to travel with a specific veteran? Y or N

If yes, what is the name of the veteran?

(If possible, send in applications together.)

Are there any restrictions limiting your ability as a guardian? Y or N

If so, please list:

(Please complete the other side)

How did you hear about Honor Flight CAK?

Review carefully, sign and return to the address below:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Honor Flight CAK trips and events, my image may appear in a public forum, such as the media or website, to acknowledge, promote or advance the work of the Honor Flight program. I hereby release the photographer and Honor Flight CAK from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight CAK activities through video, photo, or other media, to be used solely for the purpose of Honor Flight promotional materials and publications, and waive any rights or compensation or ownership thereto.

2. I understand and acknowledge that medical insurance is the responsibility of the guardian and that Honor Flight CAK does not provide medical care. I accept all risks associated with travel and other Honor Flight CAK activities and will not hold Honor Flight CAK responsible for any injuries incurred by me while participating in the Honor Flight program.

Signed: _____ Date: _____

If under 18, a parent/guardian must also sign and date below.

Parent

Signature: _____ Date: _____

Please submit this form to our **New Address**:

Honor Flight CAK Inc.

Guardian Application

567 E. Turkeyfoot Lake Rd.

Akron, OH 44319

Valerie Street Kinney - Exec. Director (330) 413-3224

Annette Davis - Treasurer (330) 413-3226

Karen Null - For Applications (330) 416-075

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