



# Honor Flight Southern Arizona (HFSAZ) Guardian Application

**Please complete and submit all three pages of this form with required signature(s) as soon as possible to:**

**Mail to**  
Honor Flight Southern Arizona  
Attn: Guardian Application **or**  
P.O. Box 35364  
Tucson, AZ 85704

**Scan & Email:**  
info@honorflightsaz.org  
Confirm all 3 pages have been sent

Note: If completing the form electronically, please save the document to your computer first before printing.

## PLEASE READ AND INITIAL THE FOLLOWING PRIOR TO FILLING OUT THIS APPLICATION.

Guardians play a significant role in ensuring a safe and memorable experience for each veteran. The vast majority of our guardians request to fly with a specific veteran they know. Though it does happen, we may fly unattached guardians. **NOTE: SPOUSES OF VETERANS ARE NOT ELIGIBLE.** In order to be considered, the applicant must:

- \_\_\_ Be 18 years of age or older, be in peak physical condition and able to handle the rigors of the day.
- \_\_\_ Physically fit and able to participate in a demanding day (pushing a wheelchair, extensive walking, bad weather).
- \_\_\_ After submission, the Guardian must be approved and invited to participate.
- \_\_\_ If invited to be a Guardian, you must attend a **MANDATORY** training to be held prior to the flight.
- \_\_\_ If invited to be a Guardian you must pay the Guardian fee, which is **\$1200**. Please note, the fee helps Honor Flight SAZ offset only a portion of our actual cost for your participation in the day.

Though we sometimes have more guardian applicants than seats available, we still encourage you to apply. In reviewing each application, Honor Flight SAZ considers the following in order of importance: the veteran's physical needs, the physical capabilities of the guardian applicant, and current or prior military service. Guardian selection is confirmed approximately 30 days prior to the flight. Questions? Visit [www.honorflightsaz.org](http://www.honorflightsaz.org) or call **520-204-1391**.

Your Full Name (As it appears on your government issued ID): \_\_\_\_\_

Nickname (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Cell Home Work

Secondary phone: \_\_\_\_\_ Cell Home Work

Email: \_\_\_\_\_

Date of birth (Month/Day/Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Gender: M F Other \_\_\_\_\_ Shirt size: S M L XL XXL XXXL

Are you a veteran? Yes No Grade/Rank: \_\_\_\_\_ Branch: \_\_\_\_\_

If yes, select one: Active Duty Reserves/National Guard Retired Former Military (not retired)

If yes, when/where have you served: \_\_\_\_\_

Are you requesting to fly with a specific veteran? Yes No

If yes, name of veteran: \_\_\_\_\_ Relationship: \_\_\_\_\_

A completed Veteran Application must be submitted for this person.

Did this veteran serve in one of the following?      WWII      Korean War      Vietnam War

How did you hear about Honor Flight SAZ? \_\_\_\_\_

Why are you volunteering for Honor Flight SAZ? \_\_\_\_\_

Please list your current work experience (if retired, please list your most recent work experience):

Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Dates (from/to): \_\_\_\_\_

Primary responsibilities/accomplishments \_\_\_\_\_

Can you lift 50 pounds?      Yes      No      \* As the flight day progresses, we have found that veterans need more assistance with ambulating and transfers.

Can you push a wheelchair all day?      Yes      No

Can you easily maneuver in tight spaces to assist veterans in need? (Airplane, bathrooms, charter bus)      Yes      No

Please list all allergies: \_\_\_\_\_

List all current medications: \_\_\_\_\_

Do you smoke?      Yes      No

Do you have diabetes?      Yes      No

If yes, how do you control it?      Insulin      Pill      Diet controlled

Do you currently have, or have you had a history of heart problems?      Yes      No

If yes, please explain: \_\_\_\_\_

Do you have a history of seizures?      Yes      No

If yes, please describe: \_\_\_\_\_

When was your last seizure? \_\_\_\_\_

Do you have any physical disabilities or limitations?      Yes      No

If yes, please describe: \_\_\_\_\_

Do you have motion sickness?      Yes      No

Other medical or health concerns not previously disclosed: \_\_\_\_\_

Dietary restrictions?      Yes      No      If yes, please list. \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone - Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Please list one personal reference (not a relative).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# HONOR FLIGHT SOUTHERN ARIZONA RELEASE, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I, \_\_\_\_\_, am about to voluntarily participate as a volunteer in various Activities, which may include but are not limited to either being escorted or escorting individuals with disabilities, crowd control and interaction, taking commercial aircraft flights, physical activities, driving to activities, preparing documentation and other activities as a participant or as a volunteer with or on behalf of and at the direction of Honor Flight Southern Arizona Corp, an Arizona not for profit corporation, which includes any officer, director, employee, volunteer or agent thereof ("Honor Flight Southern Arizona"). In consideration of and as a condition of Honor Flight SAZ permitting me to participate in these Activities, the sufficiency and receipt which I hereby acknowledge, knowingly, on behalf of myself, my heirs, administrators, successors, executors and assigns, hereby covenant and agree:

- (i) I am aware that there are inherent risks in the Activities and that I am freely assuming all risks of any nature and damages related to such Activities including those related to the COVID-19 virus or to my own health issues and fully release Honor Flight SAZ from all such liability relating to same.
- (ii) To never institute, prosecute, or in any way aid in the institution or prosecution of any demand, claim or suit of any nature against Honor Flight SAZ for any destruction, loss, damage or injury (including death) to my person or property or that of others which may occur from any cause whatsoever as a result of my participation now or in the future, known or unknown, foreseen or unforeseen in the activities of Honor Flight SAZ, and agree to discharge, defend, indemnify and hold Honor Flight SAZ harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
- (iii) The information I have provided is complete and accurate. I understand that the Honor Flight SAZ (HFSAZ) Medical Team will review my application and health history. HFSAZ must medically approve all Veterans and Guardians to participate. I agree to notify HFSAZ immediately should my medical condition change prior to the trip. If any of this information is falsified or pertinent medical information is omitted, or if my medical conditions change or are determined by the HFSAZ Medical Team to be unacceptable to participate, I understand I may be disqualified at the sole discretion of HFSAZ.
- (iv) I hereby forever, waive, release and discharge any demands or claims or suits of any nature, known or unknown irrespective when such occur now or in the future, known or unknown, foreseen or unforeseen including but not limited to any destruction, loss, damage or injury (including death) to my person or property or that of others arising from my participation in the Activities, against Honor Flight SAZ, and agree to defend, indemnify and hold Honor Flight SAZ harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
- (v) Notwithstanding any provisions to the contrary in the event of any litigation or arbitration resulting from my activities of any nature with Honor Flight SAZ that I agree that venue and jurisdiction is limited to that of the Courts in Pima County Arizona and or the United States District Court for the Northern District of Arizona law shall govern.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS TERMS AND CONDITIONS AND VOLUNTARILY AGREE TO THE TERMS.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Please print this form out in its entirety and mail or scan & email the completed document to Honor Flight SAZ.

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Tucson, AZ 85704

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