HFC USE ONLY: Last name _____ Date received: _____

Honor Flight Chicago Guardian Application: Gratitude on the Ground

Please *complete* and submit <u>all three pages</u> of this form with required signature(s) as soon as possible to:	Honor Flight Chicago Attn: Eagles Landing Guardian App 2025 9701 W. Higgins Rd., Suite 310 Rosemont, IL 60018-4717	**Scan & Email:** applications@honorflightchicago.or ****Fax** to 773-289-0909 ***Confirm <u>all 3 pages</u> have sent*

Note: If completing the form electronically, please save the document to your computer first before printing. <u>Electronically completed forms will not print properly if not saved first</u>

PLEASE READ: Guardians play a significant role in ensuring a safe and memorable experience for each veteran. Due to the health conditions that qualify veterans for this Gratitude on the Ground program, a Guardian is **required**. Only one Guardian is allowed per veteran due to space constraints. After participating veterans are confirmed, Guardian instructions will be emailed to you. There is no fee to participate. Questions? Call *773-227-8387.*

Name (As it appears on your **REAL 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): ____/____/____ Height: _____ Weight: _____

Gender: ☐ Male ☐ Female Polo shirt size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

Are you a veteran? ☐ Yes ☐ No 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 Gratitude on the Group 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 Chicago? _____

Why are you volunteering for Honor Flight Chicago? _____

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

Can you push a wheelchair all day? ☐ Yes ☐ No

Can you easily maneuver in tight spaces to assist veteran in need? ☐ 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: _____

Other medical or health concerns not previously disclosed: _____

_____

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 CHICAGO 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 Chicago Corp, an Illinois not for profit corporation, which includes any office , director, employee, volunteer or agent thereof ("Honor Flight Chicago"). In consideration of and as a condition of Honor Flight Chicago 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 Chicago 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 Chicago 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 Chicago, and agree to discharge, defend, indemnify and hold Honor Flight Chicago 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 Chicago (HFC) Medical Team will review my application and health history. HFC must medically approve all Veterans and Guardians to participate. I agree to notify HFC 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 HFC Medical Team to be unacceptable to participate, I understand I may be disqualified at the sole discretion of HFC.

(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 Chicago, and agree to defend, indemnify and hold Honor Flight Chicago 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 Chicago that I agree that venue and jurisdiction is limited to that of the Courts in Cook County Illinois and or the United States District Court for the Northern District of Illinois Eastern Division and that Illinois law shall govern.

I hereby, authorize Honor Flight Chicago the continued right to perpetuity to photograph, film or video my Activities and to publish same and or use such in the legitimate promotion of Honor Flight Chicago as they deem fit and as such I waive any right to approve same in advance.

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, fax, or scan & email the completed document to Honor Flight Chicago.

If completing the form electronically, please save the document to your computer first before printing. Electronically completed forms will not print properly if not saved first

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Honor Flight Chicago
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