



HONOR FLIGHT LOWCOUNTRY

Guardian Application

Please list a personal reference

Reference

Personal Reference Name: _____

Relationship to Applicant: _____ Address: _____

City/State/Zip: _____

Phone (Day): (____) ____ - ____ (Evening)(____) ____ - ____ (Cell)(____) ____ - ____

E-mail address: _____ @ _____

Emergency Contact

Contact Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Phone (Day): (____) ____ - ____ (Evening)(____) ____ - ____ (Cell)(____) ____ - ____

I, the undersigned, acknowledge and agree that as photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, I grant permission for my image, voice and/or likeness to appear in any public forum, such as the media or Honor Flight promotional material. I hereby release the photographer and Honor Flight from all claims and liability relating to said photograph, voice and/or likeness. I hereby waive any rights, compensation or ownership thereto.

Furthermore, I acknowledge that medical insurance is the responsibility of the Veteran and I understand that Honor Flight Lowcountry does NOT provide comprehensive medical care or medical insurance. I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

_____/_____/_____
Signature Date

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

Name

_____/_____/_____
Signature Date

Honor Flight Lowcountry
PO Box 12308
Charleston, SC 29422
843-906-0399