



## Honor Flight Southern Nevada Guardian Application

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

Honor Flight Southern Nevada  
6720 N. Hualapai Way Suite 145-176  
Las Vegas, NV 89149  
Attn: Guardian Application  
applications@honorflightsouthernnevada.org

**[INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND WILL BE RETURNED]**

**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. In order to be considered for the Guardian position the applicant must:

\_\_\_\_\_ Be between the ages of 18-70 years old. [Individuals under 18 and over 70 who apply are subject to review. Waiver may be given on individuals ability to perform essential Guardian functions]

\_\_\_\_\_ Be physically fit and able to participate in a demanding day. Able to push 300lbs in a wheelchair for 6 hours and be able to lift 70 lbs., if necessary. *(Pushing a wheelchair for up to 6 miles per day, extensive walking, extreme weather)*

\_\_\_\_\_ Attend the **MANDATORY** Guardian Training session prior to flight day.

\_\_\_\_\_ **Pay the \$1,200 Guardian fee.** Please note the Guardian fee covers the actual expenses of the Guardian. **Fee must be paid 6 weeks before flight. As of December 17, 2024, the Guardian Fee increased to \$1,200.**

**We have often have more guardian applicants than we have seats available. Guardian selection will be confirmed.** If you are not chosen for the flight, your name will go on the Guardian Waitlist. You will be contacted two months before a flight.

**PLEASE BE AWARE:** The Transportation Security Administration is reminding travelers that beginning May 7, 2025, every traveler must present a REAL ID-compliant driver's license, or another acceptable form of identification, to fly within the United States.

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

(As it appears on your government issued ID for airline travel):

Nickname: \_\_\_\_\_ Gender: ☐ Male ☐ Female

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

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

Primary phone: \_\_\_\_\_ ☐ Cell ☐ Home

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

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

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

T-shirt shirt size (please circle size): S M L XL XXL XXXL

Are you a veteran? ☐ Yes ☐ No If yes, select one: ☐ Active Duty ☐ Reserves/National Guard  
☐ Retired ☐ Former Military (not retired)

Please provide Rank: \_\_\_\_\_ Branch: \_\_\_\_\_

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 by the Veteran*

How did you hear about Honor Flight Southern Nevada? \_\_\_\_\_

Why are you volunteering for Honor Flight Southern Nevada? \_\_\_\_\_

Please indicate your profession or if retired, please list your most recent work experience:

Can you lift 70 pounds? ☐ Yes ☐ No \*As the flight day progresses, we have found that Veterans need more assistance with ambulation and transfers.

Can you push a wheelchair all day? ☐ Yes ☐ No (Note: Veteran in wheelchair may be pushed up to 6 miles a day)

Can you easily maneuver in tight spaces to assist Veteran in need? (Airplane, bathrooms, charter bus)

☐ Yes ☐ No

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

List all current medications: [A physical or electronic detailed list will be required at time of Flight Orientation. If None, please indicate]

Name of Medication	Name of Medication

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

Are you claustrophobic? ☐ Yes ☐ No Will you be able to endure a 5-hour plane ride? ☐ Yes ☐ No

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

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

In Case of an Emergency, please Contact:

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

PHONE: \_\_\_\_\_ Cell: ☐ Home: ☐ Work: ☐

Please list one personal reference who is NOT a relative: (At least one reference must be provided or application will be considered incomplete.)

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize **HFSN and the HFN** to investigate my qualifications for the purpose of evaluating whether I am qualified for the volunteer position for which I am applying. I understand that **HFSN and the HFN** may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for this volunteer position will not be processed further.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Email applicants will be required to sign prior to actual flight date)

\*If under 18, parents/guardian must also sign and date below.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please note: HFSN has the right to refuse service to any individual.**

**RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK,  
AND INDEMNITY AGREEMENT**  
**(Please read all provisions carefully before signing.)**

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Honor Flight Southern Nevada (HFSN) and the Honor Flight Network (HFN) trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of HFSN and the HFN program. I hereby release the photographer and HFSN and the HFN from all claims and liability relating to said photographs, I hereby give permission for my images captured during HFSN and the HFN activities through video, photo, or other media, to be used solely for the purposes of HFSN and the HFN promotional material and publications, and waive any rights or compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the veteran, guardian, or volunteer, and I understand that HFSN, the HFN, and the provider of free private aircraft ("Flight Provider") do NOT provide medical care. I understand that I accept all risks associated with travel and other HFSN and the HFN activities and will not hold HFSN, the HFN, or the Flight Provider responsible for any injuries incurred by me while participating in the HFSN and the HFN program.
3. In consideration of being permitted to participate in any way in HFSN and the HFN travel and activities, I, for myself, my heirs, personal representative or assigns, do hereby release, waive, discharge, and covenant not to sue HFSN and the HFN, its officers, employees, and agents including, without limitation, Belinda Morse, from liability from any and all claims including the negligence of HFSN and the HFN, its officers, employees and agents, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in the travel and activities.
4. I acknowledge that participation in the HFSN and the HFN travel and activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the travel and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Accordingly, I also agree to INDEMNIFY AND HOLD **HFSN and the HFN and Board Members and Guardians** HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the HFSN and the HFN travel and activities and to reimburse them for any such expenses incurred.

The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Nevada and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signed: \_\_\_\_\_

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