

FOR HONOR FLIGHT USE ONLY: LAST NAME: _____

DATE RECEIVED: ___/___/___



GUARDIAN APPLICATION

Honor Flight would not be successful without the generous support of guardians. Guardians play a significant role on every trip, ensuring that every veteran has a safe and memorable experience. Duties include physically assisting the veteran during the entirety of the trip. Guardians are also responsible for their own expenses totaling \$1,500 (airfare, etc.). For further information, please contact us at 505.835.1993 or visit us at www.honorflightnorthernnm.org.

Please Note: As of May 7th, 2025, anyone going on a Northern New Mexico Honor Flight will be required to have a valid "REAL ID" to travel by air. For more information regarding this national policy, please visit www.dhs.gov/real-id-frequently-asked-questions.

YOUR NAME: _____ NICKNAME: _____
(Please list your First, Middle, & Last Name as it appears on your Driver's License or Government ID) (If Applicable)

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PHONE: (Day) _____ (Evening) _____ (Cell Phone) _____

EMAIL ADDRESS: _____ AGE: _____ DOB: _____ GENDER: ___ M ___ F

OCCUPATION: _____ ARE YOU A VETERAN? ___ Yes ___ No

If you are a Veteran, please indicate BRANCH of service, and WHEN and WHERE you served: _____

1. How did you learn about the Honor Flight organization? _____

2. Why are you volunteering for Honor Flight? _____

3. Please any prior volunteer experience: _____

4. Please list one (1) personal reference:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Numbers: (Day) _____ (Evening) _____

5. Please list one (1) emergency contact:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Numbers: (Day) _____ (Evening) _____

6. Please identify the city(ies) from which you would be able to fly as a Guardian. For a list of active cities, visit "Regional Programs" on the Honor Flight Network website at www.honorflight.org/programs.

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City(ies): _____

7. Are you requesting to travel with a specific veteran, if possible? _____ Yes _____ No

If yes, please name the veteran: (Please note that a completed veteran application must be submitted separately)

8. Are you able to push a veteran in a wheelchair up a slight incline? _____ Yes _____ No

9. Can you lift 100 pounds? _____ Yes _____ No

10. Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian. _____

11. Please list any medications being taken and how often. _____

12. T-Shirt Size: (S, M, L, XL, XXL, XXXL) _____

13. Please note any medical experience you may have (i.e.: EMT, CPR, Paramedics, etc.): _____

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, his/her 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 from all claims and liability relating to said photographs or video clips. I hereby give permission for my images captured during Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Honor Flight 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, and I understand that neither Honor Flight nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

Signature of Applicant

Date

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

Parent/Guardian of Applicant

Date

(Applications submitted by email or completed by another person are still required to be signed by the veteran listed on the application prior to the actual flight date.)

PLEASE SUBMIT THIS TO:

Honor Flight of Northern New Mexico
ATTN: Guardian Application
P.O. Box 14103
Albuquerque, NM 87191

FAX TO: 505-835-1993
EMAIL TO: INFO@HFNNM.ORG

Honor Flight of Northern New Mexico Conditions & Liability Form

Please read, sign, and return a copy with your application

I, _____, am about to voluntarily participate as a passenger on various activities of Honor Flight of Northern New Mexico (hereinafter referred to as HFNNM). During which time, I agree to stay with the HFNNM Group throughout the duration of the trip during planned activities or during down time, and to not leave the hotel or any stops along the way. In consideration of valuable services provided in allowing me to participate in these activities, I, for myself, my heirs, administrators, executors, assigns, agents and successors agree that the legal responsibilities of HFNNM is strictly limited. HFNNM has organized certain travel services, including air and surface transportation which HFNNM purchases or reserves from various suppliers. The suppliers providing travel services for HFNNM tour programs are independent contractors and are not agents or employees of HFNNM. HFNNM does not act as an agent for any party whatsoever. HFNNM is not responsible for the willful or negligent acts and/or omissions of such suppliers or any air carrier, motor coach line or the respective employees, agents, servants, or representatives including without limitation, their failure to deliver on their partial or inadequate delivery of services.

Furthermore, as a result of my participation in the activities of HFNNM, I agree that neither HFNNM nor any representative, officer or agent shall be liable for any accident, injury, property damage or personal loss to me in connection with any transportation or other travel services, or resulting directly or indirectly from any occurrences, or conditions, including, but not limited to acts of terrorism, war, defects in vehicles, breakdown of equipment, strikes, theft, delay or cancellation of, or changes in, itinerary or schedules.

HFNNM reserves the right to decline or not retain any person as a member of any tour or to cancel or alter the tour without notice. However, no person will be refused from participation of a tour based on race, sex, excess age, religion, disability or any other grounds for which refusal would violate federal, state or other governmental laws or regulations. If any provision of this agreement is found to be unenforceable in any jurisdiction, the remaining provisions hereof shall remain in full force and effect. I hereby authorize and give full consent to HFNNM to copyright or publish all photographs, movies, videos, or tape recordings in which I appear while a participant in any and all HFNNM programs. I understand a roster of veterans and guardians will be distributed to all attendees based on each flight. HFNNM may use, or cause to be used, this above material for any purpose without limitations or reservation.

The law that will apply to any dispute between us is the law of the State of New Mexico. You understand and agree that any dispute we cannot resolve informally will be decided by a judge in a court in New Mexico only, and no party to the dispute may request a jury to decide the dispute. I have read, understand and agree to the above statements and waiver of liability and all written materials concerning this tour including, but not limited to, tour conditions, liability and tour cancellations.

Participant Signature _____
Date

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

Parent/Guardian of Applicant _____
Date