

6. Please list two (2) personal references:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email Address: _____

Phone - Day: _____ Evening: _____

Relationship to Applicant: _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email Address: _____

Phone - Day: _____ Evening: _____

Relationship to Applicant: _____

7. Emergency Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email Address: _____

Phone - Day: _____ Evening: _____

Relationship to Applicant: _____

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 a 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. 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 of compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the volunteer and I understand that neither ***Honor Flight*** nor the provider of 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.
3. I certify there are no health-related reasons, conditions, or problems precluding my full participation in said activities. Nor have I been advised by any medical or healthcare professional not to participate in any ***Honor Flight*** activity.
4. Without limiting the foregoing, I understand the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization; COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact; and as a result, federal, state, and local governments have prohibited or discouraged the congregation of groups of people. Furthermore, I understand COVID-19 is particularly dangerous to certain groups of people, including older persons and those with weakened immune systems or other underlying health conditions. Although ***Honor Flight*** is taking precautions to reduce the spread of COVID-19 during our events, it cannot guarantee and has not guaranteed I will not become infected with COVID-19. Further, I understand attending an event could increase my risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk I might be exposed to or infected with COVID-19 by attending an event.

Signed*: _____ Date: _____

* If under 18, parent/guardian must also sign and date below

(E-mail applicants must sign prior to providing volunteer services)

Parent/Guardian Signature _____ Date: _____

Please submit this form to: **HonorFlightBayArea@gmail.com**