 **BUCKS COUNTY TOUR OF HONOR**

**GUARDIAN APPLICATION**

Guardians play a very significant role in insuring that every veteran has a safe and memorable trip. Duties of the guardian include, but are not limited to physically assisting their assigned veteran throughout the trip. **Guardians must be between the ages of 18 and 70 years of age. Spouses of veterans may not serve as guardians.** Guardians are asked to contribute $30.00 to cover a portion of the actual cost of their trip. For further information please contact us at 215-348-6209 or at [vacards@buckscounty.org](mailto:vacards@buckscounty.org) Please return completed application to: **Bucks County Tour of Honor, P.O. Box 689, Doylestown, PA. 18901**

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

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tee Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_

If requesting to travel with a specific veteran please list their name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(This veteran must submit a Veteran Application)

**Emergency Contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_

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

**Personal Reference:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_

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

Are you a veteran? Yes \_\_\_ No \_\_\_ If yes please indicate branch and when/where served

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you volunteering for Bucks County Tour of Honor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list prior volunteer experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any physical disabilities, restrictions and /or medical conditions that would limit your ability to perform the duties of a Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medications being taken and how often: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medical experience/training you may have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Medical information listed above is for Bucks County Tour of Honor and medical personnel use only and is handled with complete confidentiality*

***Please Review Carefully and Sign and Date:***

**A Covenant Not to Sue and Indemnification Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am about to voluntarily participate in various activities involved with Bucks County Tour of Honor. In consideration of Bucks County Tour of Honor permitting me to participate in these activities, I, for myself, my heirs, administrators, executors and assigns, hereby covenant and agree that I will never institute, prosecute, or in any way aid in the institution or prosecution of, any demand, claim or suit against the Bucks County Tour of Honor for any destruction, loss, damage or injury (including death) to my person or property, whether or not now known or foreseeable, which may occur from any cause whatsoever as a result of my participation in the activities of the Bucks County Tour of Honor.

If I, my heirs, administrators, executors, or assigns should demand, claim, sue or aid in any way in such a demand, claim or suit against the released parties in connection with my participation in the activities of Bucks County Tour of Honor, I agree, for myself, my heirs, administrators, executors and assigns to indemnify the released parties for all damages, expenses, and costs it may incur as a result thereof.

I know, understand, and agree that I am freely assuming the risk of my personal injury, death or property damage, loss or destruction that may result while participating in the Bucks County Tour of Honor activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of the released parties.

I also understand and agree that I may be held liable for any damages or loss to the Bucks County Tour of Honor which is caused by my gross negligence, willful misconduct, dishonesty or fraud for limited damages or loss to the Bucks County Tour of Honor which is caused by my simple negligence.

Photographic and video equipment will be in use during the Bucks County Tour of Honor activities. These photographs and video images may (or may not) be used by Bucks County Tour of Honor for promotions and publicity purposes.

I hereby release the photographer and Bucks County Tour of Honor from all claims and liability relating to said photographs and video images. I hereby grant permission for any images captured during Bucks County Tour of Honor events through photo, video, or any other media, to be used solely by Bucks County Tour of Honor for the purpose of promotions and publications. Additionally, I waive any rights to royalties or other compensation, now or in the future, in connection with the use of any of these photographs or video.

I further acknowledge and understand that the term Bucks County Tour of Honor includes the non-profit organization known as Bucks County Tour of Honor, and any officer, employee and/or agent thereof, as well as the County of Bucks, its employees, agents and any supporting operator.

I further acknowledge that I am responsible for my own medical insurance coverage and that Bucks County Tour of Honor does not provide medical care or coverage.

I have read this agreement/release before signing below, and I fully understand the contents, meaning and impact of the release.

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

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