

Young Aviators Program

Lighting the Spark of Youth Interest in Airplanes, Science, Technology, Engineering & Math

Emergency Medical Release & Liability Waiver

Participant's name _____ Birth date _____

Street Address _____ City _____ ZIP _____

Emergency Information

Father's name _____ Home phone _____ Cell/Bus phone _____

Mother's name _____ Home phone _____ Cell/Bus phone _____

In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:

Name _____ Home phone _____ Cell/Bus phone _____

Name _____ Home phone _____ Cell/Bus phone _____

Allergies _____

Other medical conditions _____

Physician _____ Phone _____

Medical/Hospital Insurance company _____ Phone _____

Policy holder's name _____ Policy# _____

Young Aviators Program Release – *please read carefully*

I hereby release the Young Aviators Program, its Board of Directors, Agents, and Servants from liability for accident or injury which may occur as a result of my participation in Young Aviators Program and related events while attending the Young Aviators Program.

I acknowledge that my participation in the Young Aviators Program or related events is voluntary on my part, and that as part of my participation I will be engaged in a variety of activities including flying aircraft and aircraft simulators. I acknowledge there are risks which are incidental to this activity and that I will follow the prescribed safety guidelines at all times. I will abide by the direction of my instructors & supervisors at all times during the Program.

I agree that I will be responsible for attending each Program component, and will be prepared to participate by wearing the appropriate clothing and other equipment.

I give permission to the Young Aviators Program to use photographs, images, or video clips taken of my minor child for use on Program's website, publications or other media.

I am unaware of any health conditions which would limit my participation in the Young Aviators Program or related events or activities.

Date _____

Signature of Parent/Guardian _____

Signature of Participant _____