

VISION OF FLIGHT, INC. ("VOF") – WAIVER & PERMISSION SLIP

Date: _____

VOF Program Activities: Instructional Flight, Aviation & STEM Related Activities.

I give my permission for the young person listed below (the "Minor Participant") to participate in the above VOF Program Activities. I represent and warrant that I am the Minor Participant's parent or legal guardian and that I have the authority to enter into this Agreement on behalf of the Minor Participant. In consideration for being allowed to take part in the VOF Program Activities, the Minor Participant and I agree as follows:

Assumption of Risk. The Minor Participant and I understand that participation in some activities involves risks, and that we can obtain more detailed information about the above VOF Program Activities from the Activity Leaders. Injury, including serious injury or even death can result from many causes, including without limitation improper use of tools by the Minor Participant or others, defective tools, improper or inadequate instruction or supervision, dangerous weather or terrain, structural failure, arguments or fighting, failure of the Minor Participant or others to follow instructions and behavior standards provided by the Activity Leaders and other VOF volunteers, and other physical, mental and emotional challenges. **The Minor Participant and I (for ourselves, our heirs, family members, personal representatives and assigns) understand that participation in the VOF Program Activities is completely voluntary, and hereby assume all risks and full responsibility for any injury or death arising from taking part in the VOF Program Activities.**

Agreement to Waive Liability and Not to Sue. The Minor Participant and I (for ourselves, our heirs, family members, personal representatives and assigns) hereby **release and discharge: (a) VOF and the Activity Leader(s); (b) any medical institution, including without limitation any ambulance service that provides services in an emergency; and (e) the officers, directors, members, employees, medical personnel, agents, divisions, affiliates and volunteers of each of those entities (collectively, the "Releasees") from, and agree not to sue the Releasees or any of them for, any and all claims against any of the Releasees for any injury or death arising from the Minor Participant's participation in the VOF Program Activities.** This release, discharge and agreement not to sue applies to all legal rights, including those resulting from any negligence of Releasees, other than those resulting from the gross negligence or willful misconduct of such Releasee.

Emergency Medical Response. In case of an emergency involving the Minor Participant, I understand that efforts will be made to contact me. If I cannot be reached in a reasonable time period, I give permission to VOF and Activity Leader(s), and to emergency and medical personnel and institutions, to secure and provide appropriate medical treatment, in their best judgment, including hospitalization, anesthesia, surgery, and/or injections of medication to the Minor Participant. I authorize medical providers and record-keepers, in their best judgment, to disclose protected health information to VOF and medical personnel who are involved in responding to the emergency.

Legal Advice. I know that I can talk to my legal advisor about this Agreement and I have either done so or chosen not to. I understand that I have the right and have been given the opportunity to object to and bargain about the provisions of this Agreement. **I am voluntarily signing this Agreement and intend it to be the unconditional release of all liability to the greatest extent allowed by law.**

If the Minor Participant is 15 years old or older, I **DO DO NOT** agree that he/she may sign himself/herself in and out of the Activity. (Please circle one)

Minor Participant Name, Date of Birth, Home Telephone Number Cell Phone Number

Minor Participant Address

Parent/Guardian Signature Date Home Telephone Number Cell Phone Number

Parent/Guardian Name Address